

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**FILED**

2007 AUG -8 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06252007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0017933 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

NUNEZ, MIKE  
C/O ABC DISTRIBUTING, INC.  
14445 N.E. 20TH LANE  
NORTH MIAMI, FL 33181-1141

**7. Name and Address of New Registered Agent**

Name Michael B. Goldstein, CPA  
Street Address (P.O. Box Number is Not Acceptable)  
2121 Ponce De Leon Blvd., #1100  
City Coral Gables FL Zip Code 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Michael B. Goldstein*

7/25/07  
DATE

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT # P97000051960  
NAME TWENTIETH LANE PROPERTIES, INC.  
STREET ADDRESS 14445 N.E. 20TH LANE  
CITY-ST-ZIP MIAMI, FL 33181

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS  
CITY-ST-ZIP 300108404423  
08/22/07--01010--001 \*\*\$500.00  
STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #