

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 FEB 19 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042007 Chg-LP CR2E003 (12/06)

DOCUMENT # B01000000411

1. Entity Name
THE OFFICES AT MARINA BAY, L.P.



Principal Place of Business
**13651 N.W. 4TH STREET
PEMBROKE PINES, FL 33028**

Mailing Address
**13651 N.W. 4TH STREET
PEMBROKE PINES, FL 33028**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUPIEN, SUSAN
3272 RIDGE TRACE
DAVIE, FL 33328**

Name
Robert Montaperto
Street Address (P.O. Box Number is Not Acceptable)

2240 SW 33rd Terrace
City **Ft. Lauderdale** FL Zip Code **33312**

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

Robert Montaperto **Robert Montaperto** Controller **1/23/07**
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P01000112548**
NAME **OFFICES AT MARINA BAY, INC.**
STREET ADDRESS **13651 N.W. 4TH STREET**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

STREET ADDRESS
CITY-ST-ZIP

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000089031480
02/23/07--01009--004 **500.00

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 #

2/14/07

954-437-1435

STAPLE CHECK HERE