


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 07 JAN 12 AM 9:18

DOCUMENT # B02000000004	
1. Entity Name I.S. AUBURN GLEN LIMITED PARTNERSHIP	

Principal Place of Business 980 N FEDERAL HWY #307 BOCA RATON, FL 33432	Mailing Address 980 N FEDERAL HWY #307 BOCA RATON, FL 33432
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



01052007 Chg-LP CR2E003 (12/06)

4. FEI Number 30-0016341	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SMOKLER, IRVING A 1 SOUTH OCEAN BLVD., SUITE 305 BOCA RATON, FL 33432
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7. Name and Address of New Registered Agent Name <u>I.S. Corporation</u> Street Address (P.O. Box Number is Not Acceptable) <u>980 N. Federal Hwy</u> <u>Suite # 307</u> City <u>Boca Raton</u> <u>FL</u> Zip Code <u>33432</u>
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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 [Signature] DATE 1/10/07  
 Signature, typed or printed name of registered agent and title if applicable.

**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 # NAME STREET ADDRESS CITY - ST - ZIP	F97000004222 I.S. FLORIDA CORPORATION 38500 WOODWARD AVE., SUITE 100 BLOOMFIELD HILLS, MI 48304	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
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		CITY - ST - ZIP	

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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] DATE 1/10/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE