

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # B02000000042

1. Entity Name
CENTER TOWERS, LTD.



Principal Place of Business
**25101 CHAGRIN BLVD., #300
BEACHWOOD, OH 44122**

Mailing Address
**25101 CHAGRIN BLVD., #300
BEACHWOOD, OH 44122**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



01082007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
34-1418066

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**A.G.C. CO.
200 S. ORANGE AVE.
SUNTRUST CENTER, SUITE 2300
ORLANDO, FL 32801**

Name

Street Address (P.O. Box Number is not acceptable)

City

FL Zip Code

7. Name and Address of New Registered Agent

**DO NOT WRITE
IN THIS SPACE**

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 typed or printed name of registered agent and title if applicable

**U000000756659
05/23/07-000000-010-500.00**

**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

DOCUMENT # **L02000002887**
NAME **LG CITRUS PARK, LLC**
STREET ADDRESS **25101 CHAGRIN BLVD., #300**
CITY-ST-ZIP **BEACHWOOD, OH 44122**

DOCUMENT # **L02000002752**
NAME **FC CITRUS VILLAGE, LLC**
STREET ADDRESS **50 PUBLIC SQUARE, 1100 TERMINAL TOWER**
CITY-ST-ZIP **CLEVELAND, FL 44113**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

4/27/07
Date Daytime Phone #

STAPLE CHECK HERE