

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

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # B02000000298**

1. Entity Name  
**COOLIDGE-CLK MISSION SPRINGS L.P.**



Principal Place of Business  
**C/O CLK MANAGEMENT  
9 PARK PLACE, 3RD FLOOR  
GREAT NECK, NY 11021**

Mailing Address  
**C/O CLK MANAGEMENT  
9 PARK PLACE, 3RD FLOOR  
GREAT NECK, NY 11021**



04172007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-3646342**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

**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.

**U000000719765  
05/01/07-80077-015 500.00**

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**

DOCUMENT # **F02000004633**  
NAME **COOLIDGE-CLK MISSION SPRINGS REALTY CORP.**  
STREET ADDRESS **9 PARK PLACE, 3RD FLOOR**  
CITY-ST-ZIP **GREAT NECK, NY 11021**

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**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

Date

Daytime Phone #

**CRAIG KOENIGSBERG - V. PRESIDENT OF MISSION SPRINGS**

**4/16/07**

**516-466-9440**

STAPLE CHECK HERE