

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # B05000000133

1. Entity Name
MBEACH1, LLLP, LTD.



Principal Place of Business
1111 LINCOLN RD.
SUITE 760
MIAMI BEACH, FL 33139 US

Mailing Address
1111 LINCOLN RD.
SUITE 760
MIAMI BEACH, FL 33139 US



04092007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0288788

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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.

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 # M05000001388
NAME MBEACH1 GP, LLC
STREET ADDRESS 1111 LINCOLN RD SUITE 760
CITY-ST-ZIP MIAMI BEACH, FL 33139

DOCUMENT #
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NAME
STREET ADDRESS MBEACH1, LLLP a Delaware limited liability
CITY-ST-ZIP limited partnership, authorized to transact business
in Florida as MBEACH1, LLLP, Ltd. By:

DOCUMENT #
NAME MBEACH1 GP, LLC, its General Partner, By:
STREET ADDRESS Urban Investments Advisors, LLC, its Sole
CITY-ST-ZIP Member, By: Wellspring Investments Management
I, LLC, its Managing Member

**DO NOT WRITE
IN THIS SPACE**

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05/17/07-80037-020 500.00

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Managing Member

Date

Daytime Phone #

STAPLE CHECK HERE