


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # B05000000182					
1. Entity Name TURNBERRY RETAIL HOLDING, L.P.					
Principal Place of Business 2711 CENTERVILLE ROAD STE 400 WILMINGTON, DE 19808			Mailing Address 2711 CENTERVILLE ROAD STE 400 WILMINGTON, DE 19808		
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
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARTGLASS, LORI R 19501 BISCAYNE BLVD STE 400 AVENTURA, FL 33180			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	M05000002194		STREET ADDRESS		
NAME	TURNBERRY RETAIL SUBSIDIARY GP, LLC		CITY-ST-ZIP		
STREET ADDRESS	19501 BISCAYNE BLVD.				
CITY-ST-ZIP	AVENTURA, FL 33180				
DOCUMENT #			STREET ADDRESS	100103026351	
NAME			CITY-ST-ZIP	05/22/07--01035--017 **3350.00	
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CITY-ST-ZIP					
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: _____			4-23-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

FILED

07 MAY 13 PM 2:05

CLERK OF STATE
TALLAHASSEE, FLORIDA



03232007 Chg-LP CR2E003 (12/06)

4. FEI Number
20-2730650

Applied For
Not Applicable

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

STAPLE CHECK HERE