#### ... 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

# FILED Mar 27, 2007 08:00 Al Secretary of State

|               | iue By May | / 1, 200/ |  |
|---------------|------------|-----------|--|
| DOCUMENT # BO | 500000043  | 37        |  |

1. Entity Name

STOLTZ MIZNER COURT, L.P.



Principal Place of Business

301 YAMATO RD STE. 3101

BOCA RATON, FL 33431

Mailing Address

301 YAMATO RD STE. 3101

BOCA RATON, FL 33431



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 03052007 No Chg-LP
 CR2E003 (12/06)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOLTZ, MORRIS L II 301 YAMATO RD STE. 3101 BOCA RATON, FL 33431\_

12.

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| <ol><li>The above named entity submits this statement for the purpose of change<br/>the obligations of registered agent.</li></ol> | ng its registered office or regi | stered agent, or both, | in the State of Florida. Lam familiar<br>PHANALITINITE | with, and accep | )t |
|--|----------------------------------|------------------------|--|-----------------|----|
| SIGNATURE  | _                                |                        | 04,/04,/07-80009-002                                   | 950.00          |    |
| 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

GENERAL PARTNER INFORMATION

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.

| DOCUMENT # F05000005984  STOLTZ MIZNER COURT, INC.  301 YAMATO RD  DOCUMENT # BOCA RATON, FL 33431  DOCUMENT # NAME  SIRET ADDRESS  CITY-ST-ZIP  DOCUMENT # NAME  SIRET ADDRESS  CITY-ST-ZIP  DOCUMENT # NAME  SIRET ADDRESS  CITY-ST-ZIP  DOCUMENT # NAME  STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling does not qualify for |     |                |  |
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## DO NOT WRITE IN THIS SPACE

14. I hereby certity that the information supplied with this filling 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

Daydme Phone #