## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

SIGNATURE:

## **FILED** Due By May 1, 2007 Apr 27, 2007 08:00 Al Secretary of State **DOCUMENT # B05000000511** 1. Entity Name ARDIC MANAGEMENT L.P. Principal Place of Business Mailing Address 2932 W. TRADE AVE. 2932 W. TRADE AVE. COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 04022007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 22-2629288 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIAMSON, J. BRADFORD DO NOT WRITE 2932 W. TRADE AVE. COCONUT GROVE, FL 33133 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 FILE NOW!!! FEE 18 \$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. GENERAL PARTNER INFORMATION 12. P05000154029 DOCUMENT # NAME ARDIC MANAGEMENT CORP. STREET ADDRESS 2932 W. TRADE AVE. CITY-ST-ZIP COCONUT GROVE, FL 33133 DOCUMENT # U00000739175 05/14/07-80015-006 500.00 STREET ADDRESS CITY-ST-ZIP DOCUMENT# DO NOT WRITE STREET ADDRESS CITY-ST-7IP IN THIS SPACE DOCUMENT A STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS 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