

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

**FILED**

**07 FEB 19 AM 9:40**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



01042007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # B99000000370</b> 1. Entity Name <b>THE MARINA AT MARINA BAY, L.P.</b>					
Principal Place of Business <b>13651 NW 4TH ST PEMBROKE PINES, FL 33028</b>			Mailing Address <b>13651 NW 4TH ST PEMBROKE PINES, FL 33028</b>		
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	
<b>LUPIEN, SUSAN 3272 RIDGE TRACE DAVIE, FL 33328</b>				Name <b>Robert Montaperto</b> Street Address (P.O. Box Number is Not Acceptable) <b>2240 SW 33rd Terrace</b> City <b>Ft. Lauderdale</b> <b>FL</b> Zip Code <b>33312</b>	
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 <u><i>Robert Montaperto</i></u> <b>ROBERT MONTAPERTO Controller</b> <b>1/23/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P99000060436		STREET ADDRESS		
NAME	MARINA AT MARINA BAY INC		CITY-ST-ZIP		
STREET ADDRESS	13651 N.W. 4TH STREET				
CITY-ST-ZIP	PEMBROKE PINES, FL				
DOCUMENT #			STREET ADDRESS		
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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					
SIGNATURE: <u><i>[Signature]</i></u>			<b>2/14/07</b> <b>954-437-1435</b> <small>Date Daytime Phone #</small>		

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