


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # P01000088820 1. Entity Name RE PARTNERS DAVIE GP, INC.	
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Principal Place of Business 7485 FAIRWAY DR 430 MIAMI LAKES, FL 33014	Mailing Address 7485 FAIRWAY DR 430 MIAMI LAKES, FL 33014
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DO NOT WRITE IN THIS SPACE



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1147260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BYSTROM, WILLIAM
 DUMAR, ALLSWORTH, CURTIS, CROSS ET AL
 1177 SOUTHEAST 3RD AVENUE
 FT. LAUDERDALE, FL 33316

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000656445 03/14/07-80026-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORLOW, ROBERT M 7485 FAIRWAY DR #430 MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD TEMPLETON, TAD A 7985 SW 165TH ST MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD AIELLO, JOHN F 1001 N US HWY #1 STE 402 JUPITER, FL 33077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WITMER, SANDRA J 2332 GAMANO ST 2ND FLOOR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert M. Gorlow* D 02/13/07 305 812-8225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #