

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

**FILED
Feb 08, 2007 08:00 AM
Secretary of State**

DOCUMENT # A03000001651
1. Entity Name
STRAWGATE INVESTMENTS, LTD.



Principal Place of Business Mailing Address
**% THERRAL
10 EDGEWATER DRIVE, #11-F
CORAL GABLES, FL 33133** **% THERRAL BAISDEN PA
ONE S.E. 3RD AVENUE #2950
MIAMI, FL 33131**



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

01232007 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For
20-0460813 Not Applicable

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

6. Name and Address of Current Registered Agent
**FEUERMAN, JONATHAN ESQ.
C/O THERREL BAISDEN, P.A.
ONE S.E. 3RD AVE., SUITE 2950
MIAMI, FL 33131**

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable

**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 #	P03000133457	STREET ADDRESS	
NAME	PAT STRAWGATE, INC.	CITY-ST-ZIP	
STREET ADDRESS	10 EDGEWATER DRIVE, #11-E		U00000628471
CITY-ST-ZIP	CORAL GABLES, FL 33133		02/16/07-80016-009 400.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			U00000628471
CITY-ST-ZIP			02/16/07-80016-010 100.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: *Strawgate* 11/31/07 305-661-0492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #