

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # A00000000885

1. Entity Name
PARAMOUNT POINT LIMITED PARTNERSHIP



Principal Place of Business
**340 ROYAL POINCIANA WAY
SUITE 326
PALM BEACH, FL 33480**

Mailing Address
**P.O. BOX 11
PALM BEACH, FL 33480**



01072008 No Chg-LP CR2E003 (12/06)

4. FEI Number
65-1041087

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SPIEGEL, ROBERT
340 ROYAL POINCIANA WAY
SUITE 326
PALM BEACH, FL 33480**

**DO NOT WRITE
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 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, 2008, 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

DOCUMENT # **P00000052603**
NAME **CENTREPOINT HOLDINGS, INC.**
STREET ADDRESS **P.O. BOX 11**
CITY - ST - ZIP **PALM BEACH, FL 33480**

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0000000824854
02/20/08-80095-006,500.00

**DO NOT WRITE
IN THIS SPACE**

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: _____ **Robert Spiegel 1/23/08 561-832-8502**

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE