


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

RECEIVED
 MAR 26 2008

FILED
 APR 17 2008 08:00 AM
 Secretary of State

DOCUMENT # A00000001426

1. Entity Name
BERMUDA ESTATES ASSOCIATES, LTD.



Principal Place of Business
**1515 N FEDERAL HWY., STE 306
 BOCA RATON, FL 33432**

Mailing Address
**1515 N FEDERAL HWY., STE 306
 BOCA RATON, FL 33432**

PROPERTY #:
 G.LACCO: APR 17 2008
 BUDGETED: Yes
 APPROVAL:
 OPERATIONS:
 DIRECTOR: 3-26-08



02132008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3670309

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**COLEY, RICHARD T SR.
 2412 W. COUNTRY CLUB AVENUE
 TAMPA, FL 33611**

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 _____

**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 #	P99000032665
NAME	CCM ADVISORS, INC.
STREET ADDRESS	2412 W. COUNTRY CLUB AVENUE
CITY-ST-ZIP	TAMPA, FL 33611
DOCUMENT #	P01000106153
NAME	PENN-FLORIDA VENTURE VII, INC.
STREET ADDRESS	1515 N. FEDERAL HIGHWAY, STE. 306
CITY-ST-ZIP	BOCA RATON, FL 33432
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Mark A Gensheimer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____