

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # A03000001172		
1. Entity Name FENTON PARTNERS LIMITED		

Principal Place of Business 11770 US HIGHWAY ONE SUITE 102 NORTH PALM BEACH, FL 33408 US	Mailing Address 11770 US HIGHWAY ONE SUITE 102 NORTH PALM BEACH, FL 33408 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-0678884	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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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 _____ 04/20/08-80004-010 500.00

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 #	P03000089800
NAME	ICF GP, INC.
STREET ADDRESS	11770 US HIGHWAY ONE, SUITE 102
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/17/08 **561-630-5116**

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