


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A03000001820</b>	
1. Entity Name 410 NE 1ST AVENUE, LTD.	

Principal Place of Business 440 NE 1ST AVENUE HALLANDALE, FL 33009	Mailing Address 440 NE 1ST AVENUE HALLANDALE, FL 33009
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03272008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0582148	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ATKINSON, WILSON C III, ESQ  
 C/O ATKINSON, DINER, ET AL, ONE FIN. PLZ  
 100 SE 3RD AVENUE, SUITE 1400  
 FT LAUDERDALE, FL 33394

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 #	P03000156349
NAME	410 REAL ESTATE, INC.
STREET ADDRESS	440 NE 1ST AVENUE
CITY-ST-ZIP	HALLANDALE, FL 33009
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000877980  
 04/14/08-80036-008 500.00

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: *Laurie Godbout* 3/27/08 954 457-8100

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