


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 2:47

DOCUMENT # A04000000938 1. Entity Name INTELLIFLEX - DANIELS PARKWAY, LTD.	
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Principal Place of Business 6530 WEST ROGERS CIRCLE, STE. 31 BOCA RATON, FL 33487	Mailing Address 6530 WEST ROGERS CIRCLE, STE. 31 BOCA RATON, FL 33487
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2. Principal Place of Business - No P.O. Box # 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338	3. Mailing Address 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338
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Zip	Country	Zip	Country
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02062008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-1261416	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEDER, SEAN M 6530 WEST ROGERS CIRCLE, STE. 31 BOCA RATON, FL 33487	7. Name and Address of New Registered Agent Name _____ Street # 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338 City _____ FL Zip Code _____
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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 2/27/08

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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME EBE INTELLIFLEX - DANIELS PARKWAY GP, LLC STREET ADDRESS 6530 WEST ROGERS CIRCLE, STE. 31 CITY-ST-ZIP BOCA RATON, FL 33487	STREET ADDRESS 4755 Technology Way Ste. 202 CITY-ST-ZIP Boca Raton, FL 33431-3338
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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: Sean Leder 2/27/08 561-995-7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE