

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 JAN 30 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A05000000337		
1. Entity Name POSTMASTER ASSOCIATES, LTD.		

Principal Place of Business 7483 S.W. 24TH STREET, SUITE 209 MIAMI, FL 33155	Mailing Address 7483 S.W. 24TH STREET, SUITE 209 MIAMI, FL 33155
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01142008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-2332978	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
DE PEDRO-GONZALEZ, MARIA N 7488 SW 24TH ST SUITE 209 MIAMI, FL 33155	

7. Name and Address of New Registered Agent	
Name	MDHA DEVELOPMENT CORPORATION
Street Address (P.O. Box Number is Not Acceptable)	7483 SW 24 STREET
	SUITE 209
City	MIAMI FL Zip Code 33155

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 *Maria N. Pedro-Gonzalez, Executive Director, MDHA DC* 1/15/08
Signature, typed or printed name of registered agent and title if applicable. 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 #	P05000019821
NAME	POSTMASTER GP, INC.
STREET ADDRESS	7483 S.W. 24TH STREET, SUITE 209
CITY-ST-ZIP	MIAMI, FL 33155
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Maria N. Pedro-Gonzalez, Authorized Signatory* 1/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DAYTIME PHONE #

STAPLE CHECK HERE