

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

DOCUMENT # A0500001303
1. Entity Name
OTTO FRED LIMITED PARTNERSHIP



FILED

2008 APR -9 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
4080 NW 99TH AVENUE 4080 NW 99TH AVENUE
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 20-3102482 Applied For Not Applicable

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

1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent
**SHELOWITZ, PAUL A ESQ.
ONE SOUTHEAST THIRD AVE.
28TH FLOOR
MIAMI FL 33131**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 state if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # | P05000094202 | STREET ADDRESS | |
| NAME | OTTO FRED HOLDINGS, INC. | CITY-ST-ZIP | 100122041511 04/03/08--01034--005 **500.00 |
| STREET ADDRESS | 4080 NW 99TH AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | CITY-ST-ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
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| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: ERIC MOSKOW DATE: 2/28/08 954
2272238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE