2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 4:28

DOCUMENT # A05000001588

1. Entity Name
PASCO COUNTY ASSOCIATES I, LLLP

Principal Place of Business	Mailing Address
1600 SAWGRASS CORP PARKWAY, SUITE 300 SUNRISE, FL 33323	1600 SAWGRASS CORP PARKWAY, SUITE 300 SUNRISE, FL 33323

04162008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. Suite 230		Suite, Apt. #, etc. Suite 230	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-3318830 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRANT, MARK F ESQ. C/O RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUS 200 EAST BROWARD BLVD., SUITE 1500 FORT LAUDERDALE, FL 33301	Name: Pasco County I Corporation Street Address (P.O. Box Number is Not Acceptable): 1600 Sawgrass Corp Pkwy, Suite 230 City: Sunrise FL Zip Code 33323

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 [signature] 4/27/08
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P05000109899	STREET ADDRESS	1600 Sawgrass Corp Pkwy, Suite 230
NAME	PASCO COUNTY I CORPORATION		
STREET ADDRESS	1600 SAWGRASS CORP PARKWAY, SUITE 300	CITY-ST-ZIP	Sunrise, FL 33323
CITY-ST-ZIP	SUNRISE, FL 33323		
DOCUMENT # / NAME		STREET ADDRESS	
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DOCUMENT # / NAME		STREET ADDRESS	
STREET ADDRESS / CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] RICHARD M. NORWALK 4/29/08 (954) 753-1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #