


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

<b>DOCUMENT # A07000000305</b>			
1. Entity Name <b>COMMUNITY ACRES ASSOCIATES LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>280 S.W. 56TH TERRACE, SUITE 101 MARGATE FL 33068</b>		Mailing Address <b>280 S.W. 56TH TERRACE, SUITE 101 MARGATE FL 33068</b>	
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		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b>			

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY -7 AM 8:02



1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MANETTE, JOHN 280 S.W. 56TH TERRACE, SUITE 101 MARGATE FL 33068</b>		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

Signature, typed or printed name of registered agent and date if applicable.

DATE

**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 #	P94000065381	STREET ADDRESS	
NAME	COMMUNITY ACRES PROPERTY MANAGEMENT CORP.	CITY-ST-ZIP	
STREET ADDRESS	280 S.W. 56TH TERRACE, SUITE 101		
CITY-ST-ZIP	MARGATE FL 33068		
DOCUMENT #		STREET ADDRESS	500128678965
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NAME		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

MANETTE, JOHN

4/17/08

954 462-7814

STAPLE CHECK HERE