


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A08836
1. Entity Name
ADMIRAL '80, LTD.



FILED

2007 APR 23 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 2400 N.W. BOCA RATON BLVD. BOCA RATON FL 33431-6647
Mailing Address: 2400 N.W. BOCA RATON BLVD. BOCA RATON FL 33431-6647

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

1st MOORE CR2E003 (10/06)

4. FEI Number: 59-1999500
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**OLSON, NORMAN D.
SUITE #5
2400 N.W. BOCA RATON BLVD.
BOCA RATON FL 33431-6647**

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 file if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2007, 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 #	NAME	STREET ADDRESS	
	OLSON, NORMAN D.		
STREET ADDRESS	2400 N.W. BOCA RATON BL.	CITY- ST- ZIP	
CITY- ST- ZIP	BOCA RATON FL		
DOCUMENT #	NAME	STREET ADDRESS	200101870762
	ECKHOUSE, RICHARD H.		05/09/07--01005--022 **\$8.75
STREET ADDRESS	2400 N.W. BOCA RATON BL.	CITY- ST- ZIP	
CITY- ST- ZIP	BOCA RATON FL		
DOCUMENT #	NAME	STREET ADDRESS	200101870762
			05/09/07--01005--023 **\$500.00
STREET ADDRESS		CITY- ST- ZIP	
CITY- ST- ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY- ST- ZIP	
CITY- ST- ZIP			
DOCUMENT #	NAME	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: Norman D. Olson Norman D. Olson 12/31/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE