


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

**FILED
Apr 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # A08836 1. Entity Name ADMIRAL '80, LTD.	
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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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 59-1999500	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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	
State: 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 date of application

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 #	NAME	STREET ADDRESS	U00000931037
NAME	OLSON, NORMAN D.		05/21/08-80135-003 8.75
STREET ADDRESS	2400 N.W. BOCA RATON BL.	CITY-ST-ZIP	U00000931037
CITY-ST-ZIP	BOCA RATON FL		05/21/08-80135-004 500.00
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ECKHOUSE, RICHARD H.		
STREET ADDRESS	2400 N.W. BOCA RATON BL.	CITY-ST-ZIP	
CITY-ST-ZIP	BOCA RATON FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
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** **31Dec07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE