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

DOCUMENT # A23989

1. Entity Name
AA/TAMPA GROUP, LTD.

FILED
08 FEB 19 PM 12:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
6600 S.W. 57TH AVE SUITE 200 MIAMI FL 33143	6600 S.W. 57TH AVE SUITE 200 MIAMI FL 33143

1st MOORE CR2E003 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1320 S. DIXIE HIGHWAY		1320 S. DIXIE HIGHWAY	
Suite, Apt. #, etc.: SUITE 241		Suite, Apt. #, etc.: SUITE 241	
City & State: CORAL GABLES, FL.		City & State: CORAL GABLES, FL.	
Zip: 33146	Country: USA	Zip: 33146	Country: USA

4. FEI Number: 59-2749535 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRYER, WARREN
6600 SW 57TH AVE
SUITE 200
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 1320 S. DIXIE HIGHWAY
SUITE 241
City: CORAL GABLES FL Zip Code: 33146

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 title 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 #	V58486	STREET ADDRESS	1320 S. DIXIE HIGHWAY - #241
NAME	ABRAHAM/TAMPA, INC.		
STREET ADDRESS	6600 S.W. 57TH AVE	CITY-ST-ZIP	CORAL GABLES, FLORIDA 33146
CITY-ST-ZIP	MIAMI FL 33143		
DOCUMENT #		STREET ADDRESS	700118965637
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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: Anthony R. Abraham — 01/28/08 — 305-665-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

ANTHONY R. ABRAHAM