

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A25877**

1. Entity Name  
**MANATEE REALTY INVESTMENTS, LTD.**



Principal Place of Business  
**12131 MAPLE RIDGE DR  
PARRISH, FL 34219**

Mailing Address  
**12131 MAPLE RIDGE DR  
PARRISH, FL 34219**



03182008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0114375</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

**6. Name and Address of Current Registered Agent**

**SKOKOS, LOIS M  
12131 MAPLE RIDGE DR  
PARRISH, FL 34219**

**DO NOT WRITE  
IN THIS SPACE**

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 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**

|                 |                             |
|-----------------|-----------------------------|
| DOCUMENT #      |                             |
| NAME            | <b>SKOKOS, LOIS M</b>       |
| STREET ADDRESS  | <b>12131 MAPLE RIDGE DR</b> |
| CITY - ST - ZIP | <b>PARRISH, FL 34219</b>    |

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| DOCUMENT #      |  |
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| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

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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:**

*Lois M. Skokos*  
**Lois M. Skokos**

Date

*3/21/08*  
**3/21/08**

Daytime Phone #

*941-776-9083*  
**941-776-9083**

STAPLE CHECK HERE