

**2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A27146

**FILED  
Apr 21, 2009  
Secretary of State**

**Entity Name:** HARBOUR SQUARE ASSOCIATES LIMITED PARTNERSHIP

**Current Principal Place of Business:**

247 N WESTMONTE DR  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

247 N WESTMONTE DR  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 05-0441441      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FILDES, RICHARD J ESQ.  
% LOWNDES, DROSDICK, DOSTER, KANTOR ET AL  
215 N. EOLA DRIVE  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: G46246  
Name: PICERNE DEVELOPMENT CORPORATION OF FLORIDA  
Address: 247 N. WESTMONTE DR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714  
Document #:  
Name: PICERNE, ROBERT M  
Address: 247 N. WESTMONTE DR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:  
  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT M PICERNE

MGR

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date