

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

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

DOCUMENT #A30665

1. Entity Name
GOLF TERRACE, LTD.



Principal Place of Business
**C/O HARRIS CRAMER LLP
1555 PALM BEACH LAKES., STE. 310
WEST PALM BEACH, FL 33401**

Mailing Address
**C/O HARRIS CRAMER LLP
1555 PALM BEACH LAKES., STE. 310
WEST PALM BEACH, FL 33401**



04082008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0663136

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARRIS CRAMER LLP
1555 PALM BEACH LAKES., STE. 310
WEST PALM BEACH, FL 33401**

**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

000000925378

05/20/08-80025-007 508.75

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 # **P01000058923**
NAME **GOLF TERRACE SPECIAL, INC.**
STREET ADDRESS **1555 WEST PALM BEACH BLVD., STE. 310**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

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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

Golf Terrace Special, Inc.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-22-08

Date

905-882-1212

Daytime Phone #

By: **Fabrizio Lucchese, Vice President**

STAPLE CHECK HERE