2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT #A32090

RED DRAGON'S SANDS, LTD.



FILED Apr 21, 2008 08:00 AN Secretary of State

Principal Place of Business 301 OCEAN DRIVE KEY BISCAYNE, FL 33149 Mailing Address 301 OCEAN DRIVE KEY BISCAYNE, FL 33149



DO NOT WRITE IN THIS SPACE

03312008 No Chg-LP CR2E003 (12/06)

4. FEI Number	Applied For
65-0286625	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, MARTHA 2100 PONCE DE LEON BLVD., #1203 CORAL GABLES, FL 33134

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The above named entity submits this statement for the purpose of changing its registered office or registe the obligations of registered agent.	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	<u> </u>
Signature, typed or printed name of registered agent and title if applicable	าน 7เลย ภายแบบDATE7…เกโป โด้กับกับ

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 /	P0000001125
NAME	AXIS DEVELOPMENT CORPORATION
STREET ADDRESS	301 OCEAN DRIVE
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
DOCUMENT /	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
44 Lborobu	portify that the information supplied with this filling does not qualify for

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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 fignature 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:

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Smil 15, 2008

(305)361-5441