


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

**FILED  
Jan 22, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # A92000000040**  
1. Entity Name  
**THE COLDBROOKE LIMITED PARTNERSHIP**



Principal Place of Business 20320 FAIRWAY OAKS DR., 331 BOCA RATON, FL 33434	Mailing Address 20320 FAIRWAY OAKS DR., 331 BOCA RATON, FL 33434
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**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0359306	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MAHLER, I. KENNETH  
20320 FAIRWAY OAKS DR., 331  
BOCA RATON, FL 33434**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

000000791871  
01/23/08-80094-006 508.75

**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 #	F92000000150
NAME	COLDBROOKE, INC.
STREET ADDRESS	20320 FAIRWAY OAKS DR
CITY-ST-ZIP	BOCA RATON, FL 33434
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *I. Kenneth Mahler*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **I. KENNETH MAHLER**

Date *1/15/08* Daytime Phone # *661 470 0940*

STAPLE CHECK HERE