

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
08 FEB 21 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A96000002484 1. Entity Name ESTEIN HOLDINGS, LTD.					
Principal Place of Business 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819			Mailing Address 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box # 4705 S. Apopka Vineland Rd		3. Mailing Address 4705 S. Apopka Vineland Rd			
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201			
City & State Orlando, FLA		City & State Orlando, FLA.			
Zip 32819		Country USA		4. FEI Number 59-3417353	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819			7. Name and Address of New Registered Agent Estein, Lothar 4705 S. Apopka Vineland Road Suite 201 Orlando, Fla. 32819		
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P94000056171		STREET ADDRESS	4705 S. Apopka Vineland Rd. Ste 201	
NAME	G. P. ESTEIN CORPORATION		CITY-ST-ZIP	ORLANDO, FLA. 32819	
STREET ADDRESS	5211 INTERNATIONAL DRIVE				
CITY-ST-ZIP	ORLANDO, FL 32819				
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STREET ADDRESS					
CITY-ST-ZIP					
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			2/12/08 (Date) (407) 989-2200 (Daytime Phone #)		

STAPLE CHECK HERE