

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUN 10 AM 10:20

DOCUMENT # A97000001364
1. Entity Name
STRACHAN INVESTMENT LIMITED PARTNERSHIP



Principal Place of Business
**MESOAMERICA
PLAZA ROBLE, EDIFICIO EL PORTICO
GUACHIPEN, ESCAZU COSTARICA,**

Mailing Address
**HARRY W. STRACHAN, SJO-792
PO BOX 025331
MIAMI, FL 33102-5331**



04282008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0842163	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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**

**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 #	F00000006020
NAME	STRACHAN & ASSOCIATES INTERNATIONAL INC.
STREET ADDRESS	SJO 792/PO BOX 025216
CITY-ST-ZIP	MIAMI, FL 331025216
DOCUMENT #	
NAME	
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06/10/08--01004--017 **908.75

DO NOT WRITE IN THIS SPACE

STAPLE CHECK

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: **011-506-2201-81-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #