

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

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

DOCUMENT # A98000001104 1. Entity Name GRANADA SHOPPES ASSOCIATES, LTD.					
Principal Place of Business 703 WATERFORD WAY STE. 800 MIAMI, FL 33126			Mailing Address 703 WATERFORD WAY STE. 800 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 65-0838610			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PITTS, W. DOUGLAS 703 WATERFORD WAY, STE. 800 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 title 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 #	P96000034735		STREET ADDRESS		
NAME	NEWCASTER DEVCORP, INC.		CITY-ST-ZIP		
STREET ADDRESS	703 WATERFORD WAY, STE. 800				
CITY-ST-ZIP	MIAMI, FL 33126				
DOCUMENT #	P97000105596		STREET ADDRESS	000000910411	
NAME	OBP 1 CORPORATION		CITY-ST-ZIP	05/06/08-80104-014 500.00	
STREET ADDRESS	703 WATERFORD WAY, STE. 800				
CITY-ST-ZIP	MIAMI, FL 33126				
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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>					
_____ <small>Date</small>					
_____ <small>Daytime Phone #</small>					

STAPLE CHECK HERE