


**. 2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

DOCUMENT # A98000002334		
1. Entity Name MATTHEWS REAL ESTATE PARTNERS, LTD.		

**FILED**  
**Jun 30, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business 10155 COLLINS AVE., NO. 1701 MIAMI BEACH, FL 33154	Mailing Address 10155 COLLINS AVE., NO. 1701 MIAMI BEACH, FL 33154
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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06032008 Chg-LP CR2E003 (12/06)

City & State	City & State
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4. FEI Number 65-0864547	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HELLER, DAN P ESQ RUDEN MCCLOSKEY SMITH SCHUSTER & RUSSELL 701 BRICKELL AVENUE, SUITE 1900 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and the if applicable</small>	DATE _____
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**FILE NOW!!! FEE IS \$900.00**

**On or after September 12, 2008, Fee will be \$1000.00**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	MATTHEWS, MARK TRUSTEE 10155 COLLINS AVENUE, NO. 1701 MIAMI BEACH, FL 33154	STREET ADDRESS CITY-ST-ZIP	06032008 06/30/08-80002-001 900.00
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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: <u>Mark Matthews</u> General Partner <u>6/27/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date Daytime Phone #
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STAPLE CHECK HERE

*Signature*