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

## FILED Feb 11, 2008 08:00 AN Secretary of State

1. Entity Nam	MENT #A9900000 ERE ASSOCIATES, LTD.	0716		Secretary of Sta
Principal Place of Business  240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236  Mailing Address P.O. BOX 49948 SARASOTA, FL 34236			230-6948	
2. Principal P	lace of Business - No P.O Box #	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt #, etc.		01252008 Chg-LP CR2E003 (12/06)
City & State		City & State		4. FEI Number Applied For
Zip	Country	Zip	Country	65-0917340 Not Applicable  5. Certificate of Status Desired   \$8.75 Additional
_	6. Name and Address of Curren	 t Registered Agent		7. Name and Address of New Registered Agent
KNOWLES, CHARLES			Name	
4034 ROB	ERTS POINT RD. A. FL 34242		Street Address	ss (P.O. Box Number is Not Acceptable)
J. 11 J. 10 J.	.,,		City	<b>₽</b> Zip Code
8. The above	named entity submits this statement (	or the nurnose of changes		FL Zip Code
	ions of registered agent.	or mo purposo or entinging	g its registered office or regi	Stored dystit, or both, it the state of Horiza Talling Mills the decopy
SIGNATURE .	Signature, typed or printed name of registered agen	1 and title d applicable		DATE
		Will FEE IS \$500.0	Λ	
	After May 1,	2008, Fee will be \$	900.00	
	A GENERAL PARTNER NOTE: General Partners M.	THAT IS A BUSINESS AY NOT be changed o	ENTITY MUST BE REG on the form; an amendπ	ISTERED AND ACTIVE WITH THIS OFFICE.  nent must be filed to change a general partner.
12.	GENERAL PARTNE	R INFORMATION	13,	ADDRESS CHANGES ONLY
DOCUMENT # NAME	P99000039798 WOODMERE DEVELOPMENT, INC.		STREET ADDRESS	
STREET ADDRESS City-St-Zip	240 SOUTH PINEAPPLE AVE., SARASOTA, FL 34236	10TH FLOOR	CHY-SI-ZIP	
DOCUMENT#			STREET ADDRESS	110.000.000.0000
STREET ADDRESS			CITY-ST-ZIP	<u>### #################################</u>
DOCUMENT#			STREET ADDRESS	
NAME Street Address			CITY-ST-ZIP	
CITY - ST - ZIP DOCUMENT #			CARLET ADDRESS	
NAME STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY-ST-ZIP	
DOCUMENT # NAME			STREET ADDRESS	
STREET ADORESS City-St-Zip			CITY-SI-ZIP	
DOCUMENT # NAME			STREET ADDRESS	
STREET ADDRESS City-St-Zip			C(TY-ST-ZIP	
14. I hereby of indicated or the rec	certify that the information supplied w on this report is true and accurate and eiver or trustee empoyered to execute	e this report as required by	lify for the exemptions conta eve the same legal effect as a Chapter 620, Florida Statut d S. Band, Pre	1 I
SIGNAT	URE //Aunf		Moodmere Develo	