


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

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000000743**  
 1. Entity Name  
 CENTRE COURT ON 53RD, LTD.



|   |   |
|---|---|
| Principal Place of Business<br>4255 52ND PLACE W<br>BRADENTON, FL 34210 | Mailing Address<br>4255 52ND PLACE W<br>BRADENTON, FL 34210 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-LP CR2E003 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0917716 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 T. MANNAUSE & COMPANY  
 4255 52ND PLACE WEST  
 BRADENTON, FL 34210

**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 #                      | P98000015002               |
| NAME                            | CENTRE COURT ON 53RD, INC. |
| STREET ADDRESS                  | 4255 52ND PLACE WEST       |
| CITY-ST-ZIP                     | BRADENTON, FL 34210        |
| DOCUMENT #                      |                            |
| NAME                            |                            |
| STREET ADDRESS                  |                            |
| CITY-ST-ZIP                     |                            |
| DOCUMENT #                      |                            |
| NAME                            |                            |
| STREET ADDRESS                  |                            |
| CITY-ST-ZIP                     |                            |
| DOCUMENT #                      |                            |
| NAME                            |                            |
| STREET ADDRESS                  |                            |
| CITY-ST-ZIP                     |                            |
| DOCUMENT #                      |                            |
| NAME                            |                            |
| STREET ADDRESS                  |                            |
| CITY-ST-ZIP                     |                            |

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 02/08/08-80029-007 508.75

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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:**  **1/17/08** **941 3651511**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #