


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 21 PM 3:50

DOCUMENT # A99000000762	
1. Entity Name BALCONES APARTMENTS, LTD.	

Principal Place of Business % BALCONES GP, INC. 1 PLACE VILLE MARIE, SUITE 3835 MONTREAL, QUEBEC, CANADA, CD H3B -4M6	Mailing Address 101 E. KENNEDY BLVD. SUITE 2700 TAMPA, FL 33602
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2. Principal Place of Business - No P.O. Box # 4119 SHERBROOKE WEST Suite, Apt. #, etc.	3. Mailing Address 4119 SHERBROOKE WEST Suite, Apt. #, etc.
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City & State WESTMOUNT DC	City & State WESTMOUNT DC
Zip H3Z 1A7	Country CANADA
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02182008 Chg-LP CR2E003 (12/06)

4. FEI Number
58-2465421

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

6. Name and Address of Current Registered Agent CASTELLANO, NELSON T 101 EAST KENNEDY BLVD., SUITE 2700 TAMPA, FL 33602	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 _____
 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

300123958093
 04/18/08--01006--017 **500.00

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	F99000002406 BALCONES GP, INC. 1 PLACE VILLE MARIE, SUITE 3835 MONTREAL, QUEBEC, CANADA, H3B 4M6	STREET ADDRESS CITY-ST-ZIP	4119 SHERBROOKE WEST WESTMOUNT, DC H3Z 1A7
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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: LLOYD SHERBER 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER