2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # A01000000926

1. Entity Name
SHACHNOW INVESTMENTS LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
C/O ENGELBERG & MILGRIM, P.A. 4040 SHERIDAN STREET HOLLYWOOD, FL 33021	C/O ENGELBERG & MILGRIM, P.A. 4040 SHERIDAN STREET HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

01222008 No Chg-LP CR2E003 (12/06)

4. FEI Number
65-1120786

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ENGELBERG, MORRIS ESQ.
C/O ENGELBERG & MILGRIM, P.A.
4040 SHERIDAN STREET
HOLLYWOOD, FL 33021

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 #	P01000068194
NAME	SHACHNOW ENTERPRISES, INC.
STREET ADDRESS	4040 SHERIDAN STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000850044
03/21/08-80045-023 500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does 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: Lisa Solang 3-3-08 201-871-8694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #