

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A98000002508

1. Entity Name
9500 BUILDING, LTD.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 11 AM 7:23

Principal Place of Business
**8725 N.W. 18TH TERRACE, SUITE 105
DORAL, FL 33172**

Mailing Address
**C/O COMREAL MIAMI, INC.
8725 N.W. 18TH TERRACE, #105
DORAL, FL 33172**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02122008

Chg-LP

CR2E003 (12/06)

4. FEI Number

65-0879455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**9500 BUILDING, INC.
2020 KING AIR COURT
PORT ORANGE, FL 32128-6931**

7. Name and Address of New Registered Agent

Name

9500 Building, Inc.

Street Address (P.O. Box Number is Not Acceptable)

c/o ComReal Miami, Inc.

8725 N.W. 18th Terrace, #105

City

Doral

FL

Zip Code
33172

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 date if applicable.

DATE

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 # **P98000092908**
NAME **9500 BUILDING, INC.**
STREET ADDRESS **8725 N.W. 18TH TERRACE, SUITE 105**
CITY-ST-ZIP **DORAL, FL 33172**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500120011405
03/12/08--01004--018 **500.00

DOCUMENT #

NAME

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #