


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 11, 2008 8:00 A.M.
Secretary of State

DOCUMENT # A04000001202	
1. Entity Name SOUTHERN OLIVE PARTNERS, LLLP	

Principal Place of Business 231 ROYAL PALM WAY, SUITE 120 PALM BEACH, FL 33480	Mailing Address 231 ROYAL PALM WAY, SUITE 120 PALM BEACH, FL 33480
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2. Principal Place of Business - No P.O. Box # 422 SUNSET ROAD	3. Mailing Address 422 SUNSET ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WEST PALM BEACH FL	City & State WEST PALM BEACH FL
Zip 33401	Zip 33401
Country USA	Country USA



02192008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-1384269	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DRIVE, SUITE 500 E WEST PALM BEACH, FL 33401	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 _____ 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # P04000053406	NAME LMPB ASSOCIATES, INC.	STREET ADDRESS 422 SUNSET ROAD	
STREET ADDRESS 231 ROYAL PALM WAY, SUITE 120	CITY-ST-ZIP PALM BEACH, FL 33480	CITY-ST-ZIP WEST PALM BEACH FL 33401	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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:  LEE MUNDER, G.P. 2/27/08 561-802-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

3/1/2008