

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # A97000002107

1. Entity Name

MELODY LANE PARTNERS, LTD.



Principal Place of Business

350 MELODY LANE
CASSELBERRY FL 32707

Mailing Address

P.O. BOX 940877
MAITLAND FL 32794-0877



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-7106591

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E003 (10/07)

6. Name and Address of Current Registered Agent

SCHIEFERDECKER, HOWARD A
1605 KING ARTHUR CIRCLE
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # L28451
NAME SDP INVESTMENTS, INC.
STREET ADDRESS 1605 KING ARTHUR CIRCLE
CITY-ST-ZIP MAITLAND FL 32751

DOCUMENT # L79712
NAME SOS REALTY CORP.
STREET ADDRESS 1605 KING ARTHUR CIRCLE
CITY-ST-ZIP MAITLAND FL 32751

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

HOWARD SCHIEFERDECKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/12/08 (407) 702-3131
Date Daytime Phone *

STAPLE CHECK HERE