## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By: May 1, 2008

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A06000001212** 08 APR 15 AH 11:59 ZURI INVESTMENTS, LLLP Principal Place of Business Mailing Address C/O 7000 W. PALMETTO PARK ROAD C/O 7000 W. PALMETTO PARK ROAD **SUITE 310** SUITE 310 BOCA RATON, FL 33433 BOCA RATON, FL 33433 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062008 CR2E003 (12/06) 50.TE 205 Chg-LP کدہ 2 Suite City & State City & State 4. FEI Number Applied For 20-8109135 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRIS, STUART R ESQ. Street Address (P.O. Box Number is Not Acceptable) 7000 W. PALMETTO PARK ROAD **SUITE 310** BOCA RATON, FL 33433 SUITE 235 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 FILE NOWIII 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 ADDRESS CHANGES ONLY DOCUMENT # L06000100909 STREET ADDRESS Svite Zas NAME BIANCA MANAGEMENT, LLC STREET ADDRESS C/O 7000 W. PALMETTO PARK ROAD, SUITE 310 CITY-ST-ZIP CITY-ST-7IP BOCA RATON, FL 33433 DOCUMENT # STREET ADDRESS STREET ADDRESS 600123501736 04/15/08--01010--011 \*\*50 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP HERE CITY-ST-ZIP DOCUMENT ( STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ш STAPLI DOCUMENT # STREET ADDRESS NAME 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 tude and accordate and that my signature shall have the same legal effect as if made under path; 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 04/10/2008 MAR! MORM SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #