

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # A99000000981 1. Entity Name 11301 U.S. HIGHWAY ONE, LTD.	
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Principal Place of Business 4500 PGA BOULEVARD, SUITE 207 PALM BEACH GARDENS, FL 33418	Mailing Address 4500 PGA BOULEVARD, SUITE 207 PALM BEACH GARDENS, FL 33418
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DO NOT WRITE IN THIS SPACE



02222008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0930812	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEPHANOS, DIANE L 4500 PGA BOULEVARD, SUITE 207 PALM BEACH GARDENS, FL 33418
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**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 #	L99000003525
NAME	FEDERAL HIGHWAY PROPERTIES, LLC
STREET ADDRESS	4500 PGA BOULEVARD, SUITE 207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000937395
05/27/08-80049-008 500.00

**DO NOT WRITE
IN THIS SPACE**

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

Judith M. Galui 3/19/08 561/691-9050

Date

Daytime Phone #

STAPLE CHECK HERE