

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:46

DOCUMENT # A97000000658

1. Entity Name
 CLOUD ENTERPRISES, LTD.



Principal Place of Business
 221 EL VEDADO ROAD
 PALM BEACH, FL 33480

Mailing Address
 221 EL VEDADO ROAD
 PALM BEACH, FL 33480

2. Principal Place of Business - No P.O. Box #
 13407 Bradfords Wharf

3. Mailing Address
 13407 Bradfords Wharf

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Palm Beach Gardens, FL

City & State
 Palm Beach Gardens, FL

4. FEI Number
 65-0832537

Applied For
 Not Applicable

Zip
 33410

Country
 USA

Zip
 33410

Country
 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLOUD, MARJORIE
 221 EL VEDADO ROAD
 PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name
 Atrium Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
 1500 San. Remo Ave.

Suite 125

City
 Coral Gables

FL Zip Code
 33146

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.

Atrium Registered Agents, Inc.

V.P.

3/18/08

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Dennis Ginsburg, Vice Pres.

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 # L07000083302
 NAME LGC FAMILY INVESTMENTS, LLC
 STREET ADDRESS 13407 BRADFORDS WHARF
 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

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 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

04/30/08--01010--007 **\$500.00

STAPLE CHECK HERE

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 #

[Signature] April 26, 2008 561 352-5999