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

	Due By May 1, 2008						cont illi	. Ĺı		
	1. Entity Nam	MENT # A00000000			SECRETARY OF STATE TALLAHASSEE. FLORIDA					
	NO. 2					08 APR 11 AM 10: 01				
	Principal Plac 7771 WEST ( SUITE 140 SUNRISE, FL	DAKLAND PARK BLVD.,	Mailing Address 7771 WEST OAKLAND PA SUITE 140 SUNRISE, FL 33351	ST OAKLAND PARK BLVD.,			l istinu (an sthì spin sthì sthì schì schì spin sthì sain shis (bìsh sì ist)			
	2. Principal Place of Business - No P.O. Box # 3. Mailing Address / 7 39 Vest Suite, Apt. #, etc. Suite, Apt. #, etc.			tal.	Way					
	500	<u> </u>				04022008 4. FEI Number	Chg-LP	CR2E003 (1		
	City & State	oral Springs FL	CO (Q / S)	-			008	}	Applied For Not Applicable	
	380	7/ Country	Zip Country USA			5. Certificate o	f Status Desired		5 Additional equired	
ļ	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
	BRAWER, MARC H ESQ. 7771 WEST OAKLAND PARK BLVD. SUITE 140				Name  Marc H. Brauler  Street Address (P.O. Box Number is Not Acceptable)  729  VES Tall					
	SUNRISE, FL 33351				City Coral Springs FL Zip Code 3307/					
	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 Regular Printed name of registered agent and tible if applicable.							4/2/0 K	<del> </del>	
Ī	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00									
Ī	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.									
ļ	12. GENERAL PARTNER INFORMATION				41.411.611.611.61	ant must be med	ADDRESS CHA			
	DOCUMENT / NAME STREET ADDRESS	P96000062597 LEONARD BRAWER FAMILY HO 7771 WEST OAKLAND PARK BLY	DINGS, INC.		T ADDRESS	1739	vesta	/ Way	/	
	CITY-ST-ZIP	SUNRISE, FL 33351	VD., 3011E 140	CITY-	ST-ZIP	is ral	spring	S FE	3307/	
	DOCUMENT #  NAME  STREET ADDRESS			STREE	T AODRESS		v <del>12210</del> 1	<del>27204</del>	4	
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	NAME		· · ·	STREE	TADDRESS					
	STREET ADORESS CITY-ST-ZIP			CITY-	ST-ZIP	<del></del>				
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CHECK HERE	DOCUMENT # NAME STREET ADDRESS			STREE	T ADDRESS					
	CITY-SI-ZIP			CITY-:	ST-ZIP					
STAPLE	NAME STREET ADDRESS CITY-ST-ZIP			STREE	T ADDRESS ST-ZIP					
	14. I hereby of indicated or the rec	certify that the information supplied with on this report is true and accurate and t eiver or trustee empowered to execute to	this filing does not qualify for hat my signature shall have th his report as required by Chap	r the exe ne same pter 620	emptions contain legal effect as if , Florida Statute	ned in Chapter 119, made under oath; s	, Florida Statutes. that I am a Gener	I further certify the all Partner of the li	at the information mited partnership	
	SIGNAT	URE: SIGNATURE AND TYPED OR I	LEONARD by! MAI	POTAL CC 1- PARTNER	er rau	secy	Date 4/2	OS E	54 953649 hone #	