


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

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

<b>DOCUMENT # A00000000246</b> 1. Entity Name <b>PHOENIX EQUITIES, LTD.</b>	
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Principal Place of Business <b>15051 S TAMiami TRAIL          SUITE 203          FORT MYERS, FL 33908</b>	Mailing Address <b>15051 S TAMiami TRAIL          SUITE 203          FORT MYERS, FL 33908</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04092008 Chg-LP CR2E003 (12/06)

4. FEI Number <b>65-0980107</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b> <b>TRIPP, THEODORE L JR</b> <b>C/O GARVIN &amp; TRIPP, P.A.</b> <b>2325 EAST FIRST STREET</b> <b>FORT MYERS, FL 33902</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000008168	STREET ADDRESS	
NAME	PHOENIX EQUITIES, INC.	CITY - ST - ZIP	
STREET ADDRESS	15051 S TAMiami TRAIL, #203		
CITY - ST - ZIP	FORT MYERS, FL 33908		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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CITY - ST - ZIP			

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 05/27/08-80040-024 500.00

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

STAPLE CHECK HERE

Date Daytime Phone #