


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # A00000000719	
1. Entity Name MAGUIRE ROAD PROPERTY, LTD.	

Principal Place of Business 6355 METROWEST BLVD SUITE 330 ORLANDO FL 32835	Mailing Address 6355 METROWEST BLVD SUITE 330 ORLANDO FL 32835
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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	Zip	Country

1st MOORE CR2E003 (10/07)	
4. FEI Number 59-3644737	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSSMAN, NANCY A 6355 METROWEST BLVD SUITE 330 ORLANDO FL 32835	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____	DATE _____

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # NAME STREET ADDRESS CITY-ST-ZIP	P00000043494 MAGUIRE ROAD PROPERTY, INC. 6355 METROWEST BLVD SUITE 330 ORLANDO FL 32835	STREET ADDRESS CITY-ST-ZIP	U000000881992 04/16/08-80022-024 500.00
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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: <u><i>Nancy A. Rossman</i></u>	By: <u>Nancy A. Rossman, Pres</u> 3-21-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	

407-523-2323

STAPLE CHECK HERE