## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008 FILED Apr 28, 2008 08:00 AN Secretary of State DOCUMENT # A00000000952 CONRAD REAL ESTATE & INVESTMENTS LIMITED ... **PARTNERSHIP** Principal Place of Business Mailing Address 2700 1ST STREET 2700 1ST STREET BRADENTON, FL 34208 BRADENTON, FL 34208 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182008 Chg-LP CR2E003 (12/06) Applied For 4. FEI Number City & State City & State Not Applicable 63-1015665 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCGINNESS, W. LEE Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND ST **SUITE 971** SARASOTA, FL 34236 Zip Code City 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, typed or printed name of registered agent and title if applicable. 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 ADDRESS CHANGES ONLY L00000005465 DOCUMENT # STREET ADORESS CONRAD REAL ESTATE & INVESTMENTS, L.L.C. NAME STREET ADDRESS 2700 1ST STREET CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34208 <del>UDDDDDBRDRA</del>R DOCUMENT # STREET ADDRESS 05/21/09-80115-023 500.00 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

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 emporing ered to execute this report as required by Chapter 620, Florida Statutes.

CITY-ST-ZIP

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STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT /

CITY-ST-ZIP

NAME STREET ADDRESS

NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #