


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

| | | |
|--|--|---|
| DOCUMENT # A00000001006 | |  |
| 1. Entity Name TURNBERRY NASHVILLE PARTNERS, LP | | |

FILED
08 APR -1 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business 19501 BISCAYNE BLVD SUITE 400 AVENTURA, FL 33180 | Mailing Address 19501 BISCAYNE BLVD SUITE 400 AVENTURA, FL 33180 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 02202008 No Chg-LP | CR2E003 (12/06) |
| 4. FEI Number 65-1017489 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HARTGLASS, LORI R
19501 BISCAYNE BLVD
SUITE 400
AVENTURA, FL 33180

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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 | |
|---------------------------------|----------------------------------|
| DOCUMENT # | P00000060016 |
| NAME | TURNBERRY NASHVILLE PARTNERS INC |
| STREET ADDRESS | 19501 BISCAYNE BLVD SUITE 400 |
| CITY-ST-ZIP | AVENTURA, FL 33180 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | <i>Handwritten signature</i> |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000122233430
04/04/08--01009--010 **\$50.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

SAMPLE UREVA HERE