

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

1/9/07 #1 201

FILED

08 JAN 15 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



01072008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-1025979 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HERSEY, HARRY W JR.  
560 VILLAGE BLVD.  
SUITE 335  
WEST PALM BEACH, FL 33409

**7. Name and Address of New Registered Agent**

Name: HARRY W HERSEY, JR.  
Street Address (P.O. Box Number is Not Acceptable): 420 COLUMBIA DRIVE #110  
City: WEST PALM BEACH FL Zip Code: 33409

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 obligation of registered agent.

SIGNATURE: *[Signature]*  
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	HERSEY, HARRY W JR.		420 COLUMBIA DRIVE #110
STREET ADDRESS	560 VILLAGE BLVD #335	CITY-ST-ZIP	WEST PALM BEACH, FL 33409
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		
DOCUMENT #	NAME	STREET ADDRESS	
			000115857420
STREET ADDRESS		CITY-ST-ZIP	01/23/08--01012--003 **500.00
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE