2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A00000001167

1. Entity Name

SAND LAKE SHOPPES FAMILY LIMITED PARTNERSHIP



FILED Feb 11, 2008 08:00 Al Secretary of State

Principal Place of Business

849 WYMORE ROAD, SUITE 50-A ALTAMONTE SPRINGS, FL 32714 Mailing Address

849 WYMORE ROAD, SUITE 50-A ALTAMONTE SPRINGS, FL 32714



DO NOT WRITE IN THIS SPACE

02062008 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For 52-2259049 Not Applicable

5. Certificate of Status Desired \$8.75 Additional

6. Name and Address of Current Registered Agent

ABRIOLA, GARY 849 WYMORE ROAD, SUITE 50-A ALTAMONTE SPRINGS, FL 32714

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the obligations of registered agent.	red office or registered agent, or both, in the State of Florida. I am familiar with, and accept $3 - 1 - 2 - 8$
SIGNATURE Signature, typed organized name of registered agent and title if applicable	DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	
	JUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

	12.	GENERAL PARTNER INFOR	RMATION
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	L00000008771 AVA MANAGEMENT LLC 849 WYMORE ROAD, SUITE 50-A ALTAMONTE SPRINGS, FL 32714	
,	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		Section 1 to
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
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	DOCUMENT#		

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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 1 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:

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP

PHED OR PRINTED NAME OF SIGNING GENERAL PARTNE

2010

Daytime Phone #