2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

STAPLE CHECK HERE

SIGNATURE:

FILED Mar 10, 2008 08:00 A Secretary of State

DOCUMENT # A00000001683 L. Sinth-Name TGG SHERWOOD LAKE, LTD. Principal Place of Sistances		•	• /			Secretary of	\1
299.5 W, 27TH AVE, SUITE 200 MAMI, FL 33133 MAMIN, FL 33133	1. Entity Name					Secretary of St	
Suite April 4, etc. Suite April 4, etc. Suite April 4, etc. Suite April 4, etc. City & State City & State City & State A FEI Number 65-1054010 May Applicable	2950 S.W. 2	7TH AVE., SUITE 200	2950 S.W. 27TH A	VE., SUITE 2	200		∎i
City & State	2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address				
Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc			01142008 Chg-LP CR2E003 (12/06)	
S. Carliford's Singuished Agent 6. Name and Address of Curront Registered Agent 7. Name and Address of New Registered Agent 8. The above a remain during the submitted that the purpose of changing its registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submitts this statement for the purpose of changing its registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. THE ROWITI FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 ACHEMAN PARTIES 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 flied to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT AND ADDRESS CHANGES ONLY 13. ADDRESS CHANGES ONLY 14. CS SHERWOOD LAKE, INC. 2937 S.W. 27TH AVE., SUITE 303 CITY ST 2P	City & State		City & State				
Name	Zip	,	·	Cour	ntry	5. Certificate of Status Desired Fee Required	
STREET ALORSES CONV. ST. 2P CO		6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
Street Address (P 0. Rox Number is Not Acceptable)					Name		
8. The above named circly 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	2200 MUSEUM TOWER 150 WEST FLAGLER STREET				Street Address (P O. Box Number is Not Acceptable)		
SIGNATURE Signature Signa	MIAMI, FL	33130			City	FL Zip Code	
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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.		FILE NO	W!!! FEE IS \$500.0	900.00			
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CITY-ST-ZIP	NAME			STRE	EET ADDRESS		
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	CITY-ST-ZIP		<u> </u>	3	l		

Date

Daytime Phone #