

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 23 PM 4:41

DOCUMENT # A00000001870

1. Entity Name
LAS VEGAS PROFESSIONAL FOOTBALL LIMITED PARTNERSHIP



Principal Place of Business
% LAS VEGAS GLADIATORS
1580 E DESERT INN, 1ST FL
LAS VEGAS, NV 89169

Mailing Address
4000 PONCE DE LEON BLVD.
SUITE 700
CORAL GABLES, FL 33146



2. Principal Place of Business - No P.O. Box #
4000 Ponce de Leon Blvd.

3. Mailing Address

Suite, Apt. #, etc.
Suite 700

Suite, Apt. #, etc.

01252008 Chg-LP CR2E003 (12/06)

City & State
Coral Gables, Florida

City & State

4. FEI Number
65-1063089

Applied For
 Not Applicable

Zip
33146

Country
U.S.A.

Zip

Country

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

6. Name and Address of Current Registered Agent

FERRARO, JAMES L
4000 PONCE DE LEON BLVD.
SUITE 700
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 # **P00000112058**
 NAME **LAS VEGAS PROFESSIONAL FOOTBALL, INC.**
 STREET ADDRESS **4000 PONCE DE LEON BLVD., SUITE 700**
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

STREET ADDRESS

CITY-ST-ZIP

000125115310
04/22/08--01042--016 **508.75

DOCUMENT #
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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:

James L. Ferraro

March 20, 2008

(305) 375-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE