


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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 2:45

<b>DOCUMENT # A01000000201</b>				
1. Entity Name ALBANESE-POPKIN THE OAKS DEVELOPMENT GROUP, L.P.				
Principal Place of Business 1200 S. ROGERS CIRCLE, SUITE #11 BOCA RATON, FL 33487		Mailing Address 1200 S. ROGERS CIRCLE, SUITE #11 BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



01072008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-1099037	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANDBERG, DONNA M 1200 S ROGERS CIRCLE, #11 BOCA RATON, FL 33487		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 *Donna M. Sandberg* 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 #	L01000003302	STREET ADDRESS	
NAME	ALBANESE-POPKIN DEVELOPMENT GROUP, LLC	CITY-ST-ZIP	888117637138 02/11/08--01003--008 **500.00
STREET ADDRESS	1200 S. ROGERS CIRCLE, #11	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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: *LEONARD ALBANESE, GEN. PARTNER*, 1/31/08 561-994-1375  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #