2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED Feb 15, 2008 08:00 AM Secretary of State

Due	by May 1, 2000	
DOCUMENT # A0100000383 1. Entity Name ANTIGUA BAY LTD.		
Principal Place of Business	Mailing Address	
3711 S.W. 27TH STREET	3711 S.W. 27TH STREET	

MIAMI, FL 33134



DO NOT WRITE IN THIS SPACE

01252008 No Chg-LP CR2E003 (12/06)

4.	FEI Number	 Applied For
	65-1090126	 Not Applicable
5.	Certificate of Status Desirod	\$8.75 Additional

6. Name and Address of Current Registered Agent

WEISSLER, ROBERT I 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130

MIAML FL 33134

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing its recons of registered agent.	gistered office or registered agent, or both, in the State of Florida I am familiar with, and accept			
SICNATURE Squakes, typed or printed name of registered approximated approximate and the displacable DATE					
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.0	The state of the s			
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				
DOCUMENT # NAME STREET ADDRESS CITY - ST- ZIP	MILTON, LAZARO 3711 S.W. 27TH STREET MIAMI, FL 33134	U00000830105 02/26/08-80070-002 500.00			
DOCUMENT / NAME. SIMELT ADDRESS CITY-ST-ZIP	·				
DOCUMENT # NAME STREET ADDRESS CHY+SI-ZIP		DO NOT WRITE			
DOCUMENT & NAME STREET ADDRESS CITY-ST-ZIP	•	IN THIS SPACE			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					
DOCUMENT / NAML STREET ADDRESS CITY-ST-ZIP	•				

14. Thereby certify that the information supplied with this filling 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 it made under oath, that I am a General Partner of the limited partnership or the receiver or trusted empowered to execute this report as required by Chapter 620. Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

2/13/08

Daylime Phone #