

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A01000000416

1. Entity Name
SEMINOLE HOUSING PARTNERS, LTD.



FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 21 PM 3:50

Principal Place of Business C/O REED CONTRACTORS LLC 217 N. WESTMONTE DR. SUITE 2013 ALTAMONTE SPRINGS, FL 32714	Mailing Address C/O REED CONTRACTORS LLC 217 N. WESTMONTE DR. SUITE 2013 ALTAMONTE SPRINGS, FL 32714
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02252008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box # C/O JAYMAR GROUP Suite, Apt. #, etc. 105 W. BEAVER CREEK, #910 City & State RICHMOND HILLS, ONTARIO Zip L4B 1C6 Country CANADA	3. Mailing Address C/O JAYMAR GROUP Suite, Apt. #, etc. 105 W. BEAVER CREEK, #910 City & State RICHMOND HILLS, ONTARIO Zip L4B 1C6 Country CANADA
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4. FEI Number 65-1091331	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HARRIS GRAMER LLP
4555 PALM BEACH LAKES BLVD., STE. 310
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
 Name **N. DWAYNE GRAY, JR., ESQ.**
 Street Address (P.O. Box Number is Not Acceptable)
GREENSPOON MAADER, P.A.
201 E. PINE STREET #500
 City **ORLANDO** FL Zip Code **32801**

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 DATE **3/26/08**

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

800123958618
04/18/08--01006--022 **500.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	P01000029473 SEMINOLE HOUSING PARTNERS, INC. 1555 PALM BEACH LAKES BLVD., SUITE 310 WEST PALM BEACH, FL 33401	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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		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: PRESIDENT DATE **3/10/08** 407-425-6559