


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

DOCUMENT # A01000000774	
1. Entity Name NADA LOT LIMITED PARTNERSHIP	

Principal Place of Business 18154 MORRISON STREET GROVELAND FL 34736	Mailing Address P.O. BOX 712 OKAHUMPKA FL 34762
--	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address 18154 MORRISON ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Groveland FL	
City & State		City & State	
Zip 34736	Country USA	Zip	Country

6. Name and Address of Current Registered Agent MACKAY, COLLEEN 18154 MORRISON STREET GROVELAND FL 34736		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable.


FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # F01000002955	NAME BEACHCOMBER, INC.	STREET ADDRESS	
STREET ADDRESS 1135 TERMINAL WAY, #209	CITY-ST-ZIP RENO NV 89502	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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: Colleen Mackay JP 1/28/08 352-429-8815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone *

FILED
08 FEB -8 PM 2:32
SECRETARY OF STATE


1st MOORE CR2E003 (10/07)
4. FEI Number **91-2133736** Applied For
Not Applicable

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

STAPLE CHECK HERE