

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY -1 PM 12: 26

**DOCUMENT # A01000001003**

1. Entity Name  
**DILSON INVESTMENTS LIMITED PARTNERSHIP**



Principal Place of Business  
**% MORRIS ENGELBERG, ESQ  
4040 SHERIDAN STREET  
HOLLYWOOD, FL 33021**

Mailing Address  
**% MORRIS ENGELBERG, ESQ  
4040 SHERIDAN STREET  
HOLLYWOOD, FL 33021**



04092008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-1123958**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ENGELBERG, MORRIS ESQ.  
C/O ENGELBERG, CANTOR, & MILGRIM, P.L.  
4040 SHERIDAN STREET  
HOLLYWOOD, FL 33021**

**DO NOT WRITE  
IN THIS SPACE**

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

DOCUMENT # **P01000072479**  
NAME **DILSON ENTERPRISES, INC.**  
STREET ADDRESS **4040 SHERIDAN STREET**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

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**700127327267**  
**04/30/08--01018--021 \*\*500.00**

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #