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

## SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A01000001038 08 MAR 21 PM 3: 00 HOLIDAY PARK PLAZA, LTD. Principal Place of Business Mailing Address 401 E. LAS OLAS BLVD., SUITE 1000 401 E. LAS OLAS BLVD., SUITE 1000 FT LAUDERDALE, FL 33301 FT LAUDERDALE, FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORGAN, GEORGE A JR Street Address (P.O. Box Number is Not Acceptable) 401 E. LAS OLAS BLVD, SUITE 1000 FT LAUDERDALE, FL 33301 Zip Code FL 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, 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 ADDRESS CHANGES ONLY L01645 DOCUMENT # STREET ADDRESS FLORIDA PROPERTY INVESTMENT PARTNERS INC NAME <u>400120860274</u> STREET ADDRESS 401 E. LAS OLAS BLVD., SUITE 1000 03/20/08--01050--015 \*\*1150.00 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 33301 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

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

CITY-ST-ZIP

STAPLE

STREET ADDRESS

CITY-ST-7IP

Force A. Moran Tr. SIGNATURE: 56 D OR PRINTED NAME OF SIGNING GENERAL PARTNER