

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

**FILED**  
**Mar 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A01000001173**

1. Entity Name  
**PADDOCK PARK SC, LTD.**



Principal Place of Business  
**925 SOUTH FEDERAL HWY  
SUITE 425  
BOCA RATON, FL 33432**

Mailing Address  
**P.O. BOX 11229  
KNOXVILLE, TN 37393**



01222008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2648899**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BLALOCK, LANDERS, WALTERS & VOGLER, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205**

**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**

**U000000862645**  
**04/03/08-80059-001 500.00**

**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**

DOCUMENT #	
NAME	<b>PADDOCK PARK CORPORATE SL, INC.</b>
STREET ADDRESS	<b>925 SOUTH FEDERAL HWY SUITE 425</b>
CITY - ST - ZIP	<b>BOCA RATON, FL 33432</b>
DOCUMENT #	
NAME	<b>PADDOCK PARK CORPORATE GENERAL TS, INC.</b>
STREET ADDRESS	<b>60 E. 42ND STREET 55TH FLOOR</b>
CITY - ST - ZIP	<b>NEW YORK, NY 10165</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:** \_\_\_\_\_

**Steven Levin, President**

**(561) 948-7100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE