

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

**DOCUMENT # A01000001531**

1. Entity Name  
**SOFRAN MARBELLA, LTD.**



**FILED**

**08 JAN 30 PM 4:03**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business      Mailing Address  
**810 A-1-A NORTH**      **810 A-1-A NORTH**  
**SUITE 203**      **SUITE 203**  
**PONTE VEDRA BEACH, FL 32082**      **PONTE VEDRA BEACH, FL 32082**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**4312 Pablo Professional Ct.**      **4312 Pablo Professional Ct.**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Jacksonville, FL**      **Jacksonville, FL**  
Zip      Country      Zip      Country  
**32224**      **USA**      **32224**      **USA**

**01072008      Chg-LP      CR2E003 (12/06)**

4. FEI Number      Applied For  
**01-0553050**      ☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROULEAU, ROBERT**  
**810 A-1-A NORTH**  
**SUITE 203**  
**PONTE VEDRA BEACH, FL 32082**  
**4312 Pablo Professional Court**  
**Jacksonville, FL 32224**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 fee if applicable.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>P00441</b>	STREET ADDRESS	<b>4312 Pablo Professional Court</b>
NAME	<b>THE SOFRAN CORPORATION</b>	CITY - ST - ZIP	<b>Jacksonville, FL 32224</b>
STREET ADDRESS	<b>810 A-1-A NORTH, SUITE 203</b>		
CITY - ST - ZIP	<b>PONTE VEDRA BEACH, FL 32082</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	<b>700116323077</b>
NAME		CITY - ST - ZIP	<b>01/29/08--01013--010 **\$500.00</b>
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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:** *[Signature]* **1/8/08** **904/821-8098**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE