

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000000101

Entity Name: 8318 ATLANTIC BLVD., LTD.

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

3100 UNIVERSITY BLVD., SOUTH, SUITE 230  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

3100 UNIVERSITY BLVD., SOUTH, SUITE 230  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 02-0538678

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DRAPER, LEE  
3100 UNIVERSITY BLVD., SOUTH, SUITE 230  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P01000116270  
Name: SHAFDRAP MANAGEMENT, INC.  
Address: 3100 UNIVERSITY BLVD., SOUTH, SUITE 230  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHAFDRAP MANAGEMENT, INC.

GP

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date