


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A02000000207 1. Entity Name WITTENBERG INVESTMENTS LIMITED PARTNERSHIP	
---	---

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 APR 15 PM 2:24

Principal Place of Business 4097 N.W. 60TH CIRCLE BOCA RATON, FL 33496	Mailing Address 4097 N.W. 60TH CIRCLE BOCA RATON, FL 33496
--	--



2. Principal Place of Business - No P.O. Box # 4097 NW 60th Circle Suite, Apt. #, etc.	3. Mailing Address 39 Shore Drive Suite, Apt. #, etc.
---	--

04082008 Chg-LP CR2E003 (12/06)

City & State BOCA RATON FL Zip 33496 Country USA	City & State Great Neck NY Zip 11024 Country USA
---	---

4. FEI Number 02-0548369	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

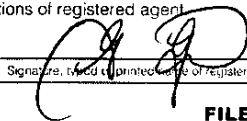
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/>
---	--------------------------

6. Name and Address of Current Registered Agent WITTENBERG, NOEL 4097 N.W. 60TH CIRCLE BOCA RATON, FL 33496	
---	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
---	--

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.

4/7/08

DATE

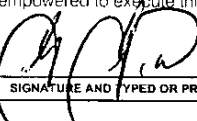
FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P02000017261	STREET ADDRESS	
NAME	WITTENBERG ENTERPRISES, INC.	CITY - ST - ZIP	
STREET ADDRESS	4097 N.W. 60TH CIRCLE		
CITY - ST - ZIP	BOCA RATON, FL 33496		
DOCUMENT #		STREET ADDRESS	300123500103
NAME		CITY - ST - ZIP	04/15/08--01009--024 **500.00
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			
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/9/08

Date

514 776 3010

Daytime Phone #

STATE CHECK HERE