


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

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000222</b> 1. Entity Name CENTRES SURPLUS LIMITED PARTNERSHIP	
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Principal Place of Business TWO DATRAN CENTER, SUITE 1528 9130 SOUTH DADELAND BLVD. MIAMI, FL 33156	Mailing Address TWO DATRAN CENTER, SUITE 1528 9130 SOUTH DADELAND BLVD. MIAMI, FL 33156
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**DO NOT WRITE IN THIS SPACE**



04182008 No Chg-LP CR2E003 (12/06)

4. FEI Number 03-0420782	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CENTRES SURPLUS GP, INC. TWO DATRAN CENTER, SUITE 1528 9130 SOUTH DADELAND BLVD. MIAMI, FL 33156	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	U000000910504 05/07/08-8PM 03-025 500.00
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<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>	
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**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 #	P02000019093
NAME	CENTRES SURPLUS GP, INC.
STREET ADDRESS	TWO DATRAN CENTER, SUITE 1528
CITY-ST-ZIP	MIAMI, FL 33156
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	4/18/08 <small>Date</small>	<small>Daytime Phone #</small>
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STAPLE CHECK HERE