


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A02000000570 1. Entity Name HARDING VILLAGE, LTD.			
Principal Place of Business 155 SO. MIAMI AVENUE SUITE 850 MIAMI, FL 33131		Mailing Address 155 SO. MIAMI AVENUE SUITE 850 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 2828 coral way Suite, Apt. #, etc. 500		3. Mailing Address 2828 coral way Suite, Apt. #, etc. 500	
City & State miami, FL Zip 33145		City & State miami, FL Zip 33145	
Country miami-Dade		Country miami-Dade	
6. Name and Address of Current Registered Agent BERMAN, STEPHANIE 155 SO. MIAMI AVENUE SUITE 850 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL way , SUITE 500 City miami FL 33145	
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>		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 #	N02000002739	STREET ADDRESS	2828 CORAL way SUITE 500
NAME	HARDING VILLAGE, INC.	CITY - ST - ZIP	miami, FL 33145
STREET ADDRESS	155 SO. MIAMI AVENUE, SUITE 850	300119237003 03/03/08--01004--007 **500.00	
CITY - ST - ZIP	MIAMI, FL 33131		
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FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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4. FEI Number **75-3046681** Applied For ☐ Not Applicable

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

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

2/25/08

Date

Daytime Phone #

STATE OF FLORIDA