

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A02000000570
 1. Entity Name
HARDING VILLAGE, LTD.



FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 1:06

Principal Place of Business Mailing Address
 155 SO. MIAMI AVENUE 155 SO. MIAMI AVENUE
 SUITE 850 SUITE 850
 MIAMI, FL 33131 MIAMI, FL 33131



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2828 coral way *2828 coral way*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
500 *500*
 City & State City & State
miami, FL *miami, FL*

02252008 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For
 75-3046681 Not Applicable

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

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 State Zip Code
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 _____ DATE _____
Signature, typed or printed name of registered agent and title 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	
DOCUMENT #	N02000002739
NAME	HARDING VILLAGE, INC.
STREET ADDRESS	155 SO. MIAMI AVENUE, SUITE 850
CITY-ST-ZIP	MIAMI, FL 33131
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>2828 CORAL way SUITE 500</i>
CITY-ST-ZIP	<i>miami, FL 33145</i>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

300119237003
 03/03/08--01004--007 **500.00

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: *Stephanie Berman* 2/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STATE OF FLORIDA