2008 LIMITED PARTNERSHIP ANNUAL REPORT **FILED** Due By May 1, 2008 Mar 03, 2008 08:00 A **DOCUMENT #A02000000691 Secretary of State** 1. Entity Name SSK VENTURES LIMITED PARTNERSHIP Principal Place of Business Mailing Address **4925 WEST LEITNER DRIVE 4925 WEST LEITNER DRIVE** CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067 02282008 No Cha-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 35-2168500 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SSK VENTURES, LLC DO NOT WRITE **4925 WEST LEITNER DRIVE** CORAL SPRINGS, FL 33067 IN THIS SPACE 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. FILE NOWI!! 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 L02000011823 DOCUMENT # SSK VENTURES, LLC NAME STREET ADDRESS **4925 WEST LEITNER DRIVE** CITY-ST-ZIP CORAL GABLES, FL 33067 DOCUMENT # NAME U000000845821 STREET ADDRESS 03/18/08-00003-011 50n.nn CITY - ST - ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-7/P IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADORESS CITY-SI-ZIE

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 emgowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

DOCUMENT # NAME STREET ADORESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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