


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 23 AM 11:04

DOCUMENT # A02000000718	
1. Entity Name 22 PARK & SHOP LTD.	

Principal Place of Business 4031A WILLIAM PENN HIGHWAY MONROEVILLE, PA 15146	Mailing Address 1222 NW 14TH ST BOCA RATON, FL 33486
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01102008 Chg-LP CR2E003 (12/06)

4. FEI Number APPLIED 08-2578961	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CALVERT, STACY 1222 NW 14TH ST. BOCA RATON, FL 33486	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	KAVANAGH, JORDANNA		
	9464 STATE ROAD 68		
	RUSHLVANIA, Or: 44347		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	CALVERT, STACY		
	1222 NW 14TH STREET		
	BOCA RATON, FL 33468		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

700125023197
 04/22/08--01017--009 **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: <i>Stacy Calvert</i>	4/18/08	561-504-2710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone

STAPLE CHECK HERE