

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:46

<b>DOCUMENT # A02000000779</b>					
<b>1. Entity Name</b> COURTHOUSE CENTRE OF SARASOTA., LTD.					
<b>Principal Place of Business</b> c/o JOHN A. MORAN, ESQ. c/o Gary 1990 MAIN STREET, SUITE 700 Kauffman SARASOTA, FL 34236			<b>Mailing Address</b> 7115 OSPREY AVE- SUITE 1- SARASOTA, FL 34236		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> c/o Gary Kauffman			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1990 Main Street, Ste 700			
<b>City &amp; State</b>		<b>City &amp; State</b> Sarasota, FL			
<b>Zip</b>	<b>Country</b>	<b>Zip</b> 34236	<b>Country</b> USA	<b>4. FEI Number</b> 03-0454606	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <del>KAUFFMAN, GARY ESQ.</del> 1990 MAIN STREET SUITE 700 SARASOTA, FL 34236			<b>7. Name and Address of New Registered Agent</b> Name John D. Macaskill Street Address (P.O. Box Number is Not Acceptable) same City same FL Zip Code same		
<b>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.</b> SIGNATURE  DATE <u>3/23/08</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	L02000013504		STREET ADDRESS	500127240225	
NAME	COURTHOUSE CENTRE OF SRQ, L.L.C.		CITY-ST-ZIP	04/30/08--01010--013 **500.00	
STREET ADDRESS	P.O. BOX 3948		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 342303948		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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>					
<b>SIGNATURE:</b>			Date <u>3/23/08</u> Daytime Phone # <u>941-366 0115</u>		
John D. Macaskill, as Manager of Courthouse Centre of SRQ, LLC, as General Partner of Courthouse Centre of Sarasota, Ltd.					

STAPLE CHECK HERE