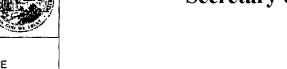
2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

DUE BY MAY 1, 2008 DOCUMENT # A02000000909 1. Enuty Name THE VANCE REAL ESTATE LIMITED PARTNERSHIP



FILED Feb 27, 2008 08:00 AM Secretary of State



Principal Place of Business 4049 S.W. 7TH ST. PLANTATION FL 33317		Mailing Address C/O STEPHEN AND ROBIN VANCE 4049 S.W. 7TH ST. PLANTATION FL 33317			
2. Principal Piace of Business - No P.O. Box#		3. Mailing Address		1 165050 128/ 807/0 (10)) 80()) 80()) 80()) 80()) 80()) 80() 80(
Suite, Apt. #, etc.		Suite, Apt. #. etc		1st MOORE CR2E003 (10/07)	
City & State		City & State		4. FEi Number 02-0637441 Applied For Not Applieable	
Zιρ	Country	Zip	Country	Certificate of Status Desired Secretary Secreta	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
			Name		
WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVE. FORT LAUDERDALE FL 33316			Street Addres	Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
The above named entity submits this statement for the purpose of changing its register accept the obligations of registered agent.				gistered agent, or both, in the State of Florida. I am familiar with, and	
SIGNATURE	Signature, typed or printed name of registered type	nt and trimit applicable		DATE	
FUENS	thought in the color of the color	7 12 1 19 2 1 2 1 2 1	1.18 111	ake check payable to Florida Department of State.	
	A GENERAL PARTNER	THAT IS A BUSINESS I	ENTITY MUST BE REG	ISTERED AND ACTIVE WITH THIS OFFICE.	
12.				nent must be filed to change a general partner.	
	GENERAL PARTIN	ER INFORMATION	13.	ADDRESS CHANGES ONLY	
DOCUMENT ¥ NAME	VANCE, STEPHEN A		STREET ADDRESS		
STREET ADDRESS	4049 S.W. 7TH ST.		<u> </u>		
CITY-ST-ZIP	PLANTATION FL 33317		CITY-ST-ZIP	U00000841989	
DOCUMENT /		· · · · · · · · · · · · · · · · · · ·		93/ĬĬ/ŐŠ-ŠÓÓĬĎ-OOZ 500.00	
NAME	VANCE, ROBIN J		STREET ADOPESS		
STRUET ADDRESS	4049 S.W. 7TH ST.		A117 C1 700	**************************************	
CITY-ST-ZIP	PLANTATION FL 33317		CITY-ST-ZIP		
DOCUMENT # NAME			STREET ADDRESS		
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DOCUMENT # NAME			STREET AUDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-7IP		
DOCUMENT # NAME			STREET AUDRESS		

14. Thereby 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.

CITY-ST-ZIP

SIGNATURE: **2**

STAPLE CHECK HERE

CITY-ST-ZIP