

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

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A03000000173</b>	
1. Entity Name <b>AGCMD OFFICE PARTNERSHIP, A FLORIDA LIMITED PARTNERSHIP</b>	
Principal Place of Business <b>13801 N. DALE MABRY HWY. SUITE 200 TAMPA, FL 33618 US</b>	Mailing Address <b>13801 N. DALE MABRY HWY. SUITE 200 TAMPA, FL 33618 US</b>



01092008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3565549</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GOINS, PHILIP ALLEN  
13801 N. DALE MABRY HWY.  
SUITE 200  
TAMPA, FL 33618**

**DO NOT WRITE  
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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

U000000914237  
05/08/08-80048-016 508.75

**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 # **K39461**  
NAME **A.G. DEVELOPMENT GROUP, INC.**  
STREET ADDRESS **13801 N. DALE MABRY HWY., SUITE 200**  
CITY-ST-ZIP **TAMPA, FL 33618**

DOCUMENT # **P93000052376**  
NAME **CMD ENTERPRISES, INC.**  
STREET ADDRESS **13801 N. DALE MABRY HWY., SUITE 100**  
CITY-ST-ZIP **TAMPA, FL 33618**

DOCUMENT #  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/25/08

813-265-4500

STAPLE CHECK HERE