

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A03000000202

1. Entity Name
SOFRAN FORT MYERS (ECK), LTD.



FILED

08 JAN 30 PM 4:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
~~010 A-1-A NORTH, SUITE 203~~ ~~010 A-1-A NORTH, SUITE 203~~
~~PONTE VEDRA BEACH, FL 32082~~ ~~PONTE VEDRA BEACH, FL 32082~~

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4312 Pablo Professional Ct. **4312 Pablo Professional Ct.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Jacksonville, FL **Jacksonville, FL**
Zip Country Zip Country
32224 **USA** **32224** **USA**

01072008 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For
57-1160166 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROULEAU, ROBERT
~~010 A-1-A NORTH, SUITE 203~~
~~PONTE VEDRA BEACH, FL 32082~~
4312 Pablo Professional Court
Jacksonville, FL 32224

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____
Signature, typed or printed name of registered agent and fee if applicable.

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

DOCUMENT # **P00441**
NAME **THE SOFRAN CORPORATION**
STREET ADDRESS ~~010 A-1-A NORTH, SUITE 203~~
CITY-ST-ZIP ~~PONTE VEDRA BEACH, FL 32082~~

13. ADDRESS CHANGES ONLY

STREET ADDRESS **4312 Pablo Professional Court**
CITY-ST-ZIP **Jacksonville, FL 32224**

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CITY-ST-ZIP

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]* **1/8/08**

904/821-8098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE