
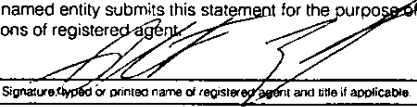
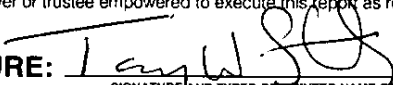


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 31 PM 3:53

<b>DOCUMENT # A03000000290</b>					
1. Entity Name FOUNTAIN SQUARE ASSOCIATES, LTD.					
Principal Place of Business 300 S.E. 2ND STREET ATTN: PATRICIA JONES FORT LAUDERDALE, FL 33301			Mailing Address 300 S.E. 2ND STREET ATTN: PATRICIA JONES FORT LAUDERDALE, FL 33301		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2720557	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  JONES, PATRICIA 300 S.E. 2ND STREET ATTN: PATRICIA JONES C/O STILES CORP. FORT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent  Name Robert Esposito Street Address (P.O. Box Number is Not Acceptable) c/o Stiles Corporation 300 SE 2nd Street City Fort Lauderdale FL Zip Code 33301	
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 		Robert Esposito		1/3/08 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 #	P03000020082		STREET ADDRESS		
NAME	S/BLP, INC.		CITY - ST - ZIP	200121510212	
STREET ADDRESS	300 S.E. 2ND STREET ATTN: PATRICIA JONES			03/28/08 01006 027 **500.00	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
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NAME			CITY - ST - ZIP		
STREET ADDRESS					
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: 			Terry W. Stiles January 31, 2008 954-627-9300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE