


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

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A03000000904</b> 1. Entity Name DUBOW/SHAD ROAD LIMITED PARTNERSHIP	
---	---

Principal Place of Business 9431 FLORIDA MINING BLVD. E JACKSONVILLE, FL 32257	Mailing Address 9431 FLORIDA MINING BLVD. E JACKSONVILLE, FL 32257
--	--

**DO NOT WRITE IN THIS SPACE**



01242008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-0081075	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DUBOW, MICHAEL I 9431 FLORIDA MINING BLVD. E JACKSONVILLE, FL 32257	<b>DO NOT WRITE IN THIS SPACE</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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title 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 #	P03000059530
NAME	DUBOW ENTERPRISES, INC.
STREET ADDRESS	9431 FLORIDA MINING BLVD. E
CITY-ST-ZIP	JACKSONVILLE, FL 32257
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000802673  
02/04/08-80007-025:500.00

**DO NOT WRITE IN THIS SPACE**

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:**  **Michael Dubow** 1/24/08 904-470-6014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Day Daytime Phone #

STAPLE CHECK HERE