## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

## SECRETARY OF STATE Due By May 1, 2008 TALLAHASSEE, FLORIDA DOCUMENT # A03000001183 08 MAY -1 AM 11: 10 WATERFORD HOLDINGS, LTD. Principal Place of Business Mailing Address 4220 N.E. 26TH AVENUE PO BOX 5814 LICHTHOUSE POINT, FL 33064 POMPANO BEACH, FL 33074 1925 NW 18th St., Pompano Beach, FI 33069 03172008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 16-1680699 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KAHN, JEFFREY B 3300 UNIVERSITY DRIVE, SUITE 711 CORAL SPRINGS, FL 33065 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 bite if applicable. 000128285620 FILE NOW!!! FEE IS \$500.00 05/02/08--01003--013 \*\*508.75 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 # P03000084901 GALWAY INVESTMENTS, INC. NAME 1925 NW 18th St. STREET ADDRESS 4220 N.E. 26TH AVENUE Pompano Beach, FI 33069 CITY-ST-7IP LIGHTHOUSE POINT, FL 33064 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 samplegal 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 660, porida Statutes

SIGNATURE:

DOCUMENT # NAME STREET ADDRESS

H. P. Hynes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAS GENERAL PA

04/24/2008

FILED

954-214-6290