

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # A03000001274

1. Entity Name
AC OFFICE ASSOCIATES, LTD.



Principal Place of Business
1500 SAN REMO AVENUE
SUITE 410
CORAL GABLES, FL 33146

Mailing Address
1500 SAN REMO AVENUE
SUITE 410
CORAL GABLES, FL 33146



01282008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

80-0077023

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EBIN, LINDA ESQ
COBB & EBIN P.A.
825 BRICKELL BAY DR, STE 1648
MIAMI, FL 33131-2920

**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

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

00000000000000000000
02/07/08-80018-008 500.00

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 # P03000094607
NAME AC OFFICE CORP.
STREET ADDRESS 1500 SAN REMO AVENUE, SUITE 410
CITY-ST-ZIP CORAL GABLES, FL 33146

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Eugenio Coscolluela
Eugenio Coscolluela

1/29/08

Date

305-662-6840

Daytime Phone #

STAPLE CHECK HERE