

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000001280

**FILED**  
**Jan 22, 2008**  
**Secretary of State**

**Entity Name:** SPECTOR ENTERPRISES LIMITED PARTNERSHIP

**Current Principal Place of Business:**

4675 PONCE DE LEON BLVD., STE. 301  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

4675 PONCE DE LEON BLVD., STE. 301  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 01-0796795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPECTOR, STUART H  
4675 PONCE DE LEON BLVD., STE. 301  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P03000085086  
Name: SPECTOR ENTERPRISES, INC.  
Address: 4675 PONCE DE LEON BLVD., STE. 301  
City-St-Zip: CORAL GABLES, FL 33146

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STUART H. SPECTOR

RA

01/22/2008

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date