2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A0300000 1307-

1. Entity Name

A & E SPECTOR ENTERPRISES LIMITED PARTNERSHIP



FILED
Mar 07, 2008 08:00 A
Secretary of State

Principal Place of Business

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

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



DO NOT WRITE IN THIS SPACE

03062008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 33-1070499

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE

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. the obligations of registered agent.	I am familiar with, and accept
SIGNATURE	
	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.

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	12.	GENERAL PARTNER INFORMATION	
ſ	DOCUMENT #	P03000096896	
	NAME	A & E SPECTOR ENTERPRISES, INC.	
١	STREET ADDRESS	4675 PONCE DE LEON BLVD., STE. 301	
	CITY-ST-ZIP	CORAL GABLES, FL 33146	
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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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 6, 2008

305-668-6005

Daytime Phone #