

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

FILED

08 NOV 12 PM 3:49

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # A04000000123  
 1. Entity Name  
 THE NABHAN FAMILY LIMITED PARTNERSHIP



Principal Place of Business: 442 SOUTH COUNTRY CLUB DRIVE, ATLANTIS, FL 33462  
 Mailing Address: 442 SOUTH COUNTRY CLUB DRIVE, ATLANTIS, FL 33462

2. Principal Place of Business - No P.O. Box #  
 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

07292008 Chg-LP CR2E003 (12/06)  
 4. FEI Number: 04-3533975  
 Applied For: Not Applicable



5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 NABHAN, EDWARD N  
 442 SOUTH COUNTRY CLUB DRIVE  
 ATLANTIS, FL 33462

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NABHAN, EDWARD	STREET ADDRESS	500137669805
NAME	442 SOUTH COUNTRY CLUB DRIVE	CITY-ST-ZIP	11/05/08--01027-022 **500.00
STREET ADDRESS	ATLANTIS, FL 33462		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

**REINSTATEMENT Without Penalty 2008**

up 11/12

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: Edward M Nabhan Date: Oct 31 2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE