

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A04000000136

1. Entity Name
SANDALWOOD LIMITED PARTNERSHIP



FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 2:45

Principal Place of Business Mailing Address
 4420 FM 1960 WEST, SUITE 224 4420 FM 1960 WEST, SUITE 224
 HOUSTON, TX 77068 HOUSTON, TX 77068

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092008 Chg-LP CR2E003 (12/06)

4. FEI Number
 20-0465421

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEATING, JOHN K
 749 N. GARLAND AVE., SUITE 101
 ORLANDO, FL 32801

Name John K. Keating

Street Address (P.O. Box Number is Not Acceptable)

250 East Colonial Drive, Suite 300

City Orlando

FL

Zip Code 32801

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.)

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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L04000006707
 NAME SANDALWOOD MANAGEMENT, LLC
 STREET ADDRESS 4420 FM 1960 WEST, SUITE 224
 CITY-ST-ZIP HOUSTON, TX 77068

STREET ADDRESS _____
 CITY-ST-ZIP 700120708207
03/19/08--01010--007 **500.00

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STREET ADDRESS
 CITY-ST-ZIP

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

2.26.08

2814441585

Date

Daytime Phone #

STATE OF FLORIDA