


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # A04000000146 1. Entity Name FALIN INVESTMENTS, LTD.	
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FILED
08 SEP -5 PM 2:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



08202008 Chg-LP CR2E003 (12/06)

Principal Place of Business 411 NORTH NEW RIVER DRIVE EAST SUITE 403 FORT LAUDERDALE, FL 33301		Mailing Address 411 NORTH NEW RIVER DRIVE EAST SUITE 403 FORT LAUDERDALE, FL 33301	
2. Principal Place of Business - No P.O. Box # 411 N NEW RIVER DR E Suite, Apt. #, etc. 402 City & State FT LAUDERDALE FL Zip 33301		3. Mailing Address 411 N NEW RIVER DR E Suite, Apt. #, etc. 402 City & State FT LAUDERDALE FL Zip 33301	

4. FEI Number 20-0682897	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FALIN, JAMES R 411 NORTH NEW RIVER DRIVE EAST SUITE 403 402 FORT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>
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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 #	P04000015987	STREET ADDRESS	Suite 402
NAME	ANTFAL, INC.	CITY-ST-ZIP	
STREET ADDRESS	411 NORTH NEW ROVER DRIVE EAST, 403	STREET ADDRESS	800135594408
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	CITY-ST-ZIP	09/09/08--01012--019 **500.00
DOCUMENT #		STREET ADDRESS	
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STAPLE CHECK HERE

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

Date

Daytime Phone #

8/20/08 954 678 1795