2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 12, 2008

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	DOCUMENT # A0400000146					FILED				
-	1. Entity Name					I I Come State Earl				
	FALIN IN					08 SEP -5 PM 2: 07				
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]_					See are in	SF	CRETARY	OF STATE		
	•	Principal Place of Business Maifing Address				TĂĨ	LAHASSEI	E, FLORIDA		
		NEW RIVER DRIVE EAST	R DRIVE	EAST	.,,,,,,		ET LONIDA			
	SUITE 403	DRALE EL 23901	1							
	FUKI LAUUCI	ORT LAUDERBALE, FL 33301 FORT LAUDERDALE, FL 33301				i italalı itin edili		H BERN BEN ESTEN DEN SIBIS SINDA ØS 1881		
-	2. Principal Place of Business - No P.O. Box # 3. Mailing Address									
L	411 N	411 N NEW RIVER DRE YIINNEW RIVER DRE					i etali esin esin esi			
		Suite, Apt. #, etc. Suite, Apt. #, etc. 402				08202008	Chg-LP	CR2E003 (12/06)		
-	402	City & Chata				4. FEI Number		Applied For		
	FT LAUDELDAIR FT FT LAUDES			1 06	10 //	20-06828	97	Not Applicable		
ŀ	Zip Country Zip			Cour	ntry			\$9.75 addWard		
-	33301	/ '	37301			5. Certificate of S	Status Desired	Fee Required		
Ţ	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
	EALIN JAMES D				Name					
		FALIN, JAMES R 411 NORTH NEW RIVER DRIVE EAST			Street Address (P.O. Box Number is Not Acceptable)					
	SUITE 395 402									
1	FORT LAU	FORT LAUDERDALE, FL 33301								
					City			FL Zip Code		
-	9. The charte named entity a therite this statement for the number of abouting its variables				ed office or register	red spent or both in	n the State of Flo	<u> </u>		
	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						in accordan	ce with s. 607.193(2)(b), F.S., partnership did not receive the		
		Due by September 12, 2008					prior notice.	di li ership did not receive the		
ĺ	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									
ŀ	DOCUMENT #	P04000015987	INFORMATION	13.			ADDUCSS OF	ANGES CINET		
	NAME	ANTFAL, INC.	40 · ·	STRE		ET ADDRESS SUITE		402		
	STREET ADDRESS	411 NORTH NEW ROVER DRIVE	EAST, #403	400	(07 70					
	CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CIL	r-ST-ZIP					
	DOCUMENT /	7		CTR	EET ADDRESS	800	01355	594408		
	NAME			3111	LET ADDIESS	09/09/0	1801012	594408 019 **500.00		
	STREET ADDRESS			cm	r-ST-ZIP					
_	CITY-ST-ZIP			4	-		.			
STAPLE CHECK HERE	DOCUMENT # NAME			STR	EET ADORESS					
	STREET ADDRESS CITY-ST-ZIP			cm	r-ST-ZIP					
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	NAME " STREET ADDRESS			cm	Y-SI-ZIP					
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	NAME STREET ADDRESS				EET ADDRESS					
	CITY-ST-ZIP				Y-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									
		10-					2/10-	0-1130170-		
SIGNATURE: SKINATURE AND THEO OF PRINTED HAME OF SIGNING GENERAL PARTNER Dute Dute Devience Printed Printe								ysy 6/8//75		
		SIĞNATURE ÂND TYPED OR	FRUIT CO ROPAGE OF STRING GENER	ou Parin	H-P.		L/B(B	Daytime Phone #		