


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
May 01, 2008 08:00 AM
Secretary of State**


DOCUMENT # A04000000445
1. Entity Name
NICKLAUS INVESTMENTS (SARASOTA), LTD.



Principal Place of Business
11780 U.S. HIGHWAY ONE, STE. 500
NORTH PALM BEACH, FL 33408

Mailing Address
11780 U.S. HIGHWAY ONE, STE. 500
NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE



03172008 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-0915580	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

HAILE, SHAW & PFAFFENBERGER, P.A.
660 U.S. HIGHWAY ONE
THIRD FLOOR
NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

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.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

05727708-80090-019 500.00

**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

DOCUMENT #	L04000020582
NAME	NI (SARASOTA), LLC
STREET ADDRESS	11780 U.S. HIGHWAY ONE, STE. 500
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **4.21.08 541.227.0300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #