

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 FEB 19 PM 4:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



02072008 Chg-LP CR2E003 (12/06)

DOCUMENT # A04000000506		
1. Entity Name SLW COMMERCIAL CAMPUS, LTD.		

Principal Place of Business 210 SUNSET BAY PALM BEACH GARDENS, FL 33418 US	Mailing Address 210 SUNSET BAY PALM BEACH GARDENS, FL 33418 US
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2. Principal Place of Business - No P.O. Box # 12557 EQUINE LN Suite, Apt. #, etc.	3. Mailing Address 12557 EQUINE LN Suite, Apt. #, etc.
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City & State Wellington FL	City & State Wellington FL
Zip 33414	Zip 33414
Country	Country

4. FEI Number 81-0647266	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 WELLER, GLENN 210 SUNSET BAY ST. PALM BEACH GARDENS, FL 33418	
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7. Name and Address of New Registered Agent Name Weller, Glenn R Street Address (P.O. Box Number is Not Acceptable) 12557 EQUINE LN City Wellington FL Zip Code 33414	
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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 **2/5/08**

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 # NAME STREET ADDRESS CITY-ST-ZIP	P04000054399 SOUTHCAP SLW PROPERTIES, INC. 210 SUNSET BAY PALM BEACH GARDENS, FL 33418	STREET ADDRESS CITY-ST-ZIP	12557 EQUINE LN WELLINGTON, FL 33414
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500117966665 02/13/08--01029--016 **500.00
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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: **G. Weller** DATE **2/5/08**

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

STAPLE CHECK HERE