

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 14 AM 11:45

DOCUMENT # A04000000614					
1. Entity Name SMIGIEL PARTNERS XXII, LTD.					
Principal Place of Business 7965 LANTANA ROAD LAKE WORTH, FL 33567			Mailing Address P.O. BOX 540669 LAKE WORTH, FL 33454		
2. Principal Place of Business - No P.O. Box # 7965 Lantana Road		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lake Worth, FL		City & State		4. FEI Number 51-0503867	
Zip 33467		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARY SMIGIEL, L.C. 7965 LANTANA ROAD LAKE WORTH, FL 33567			7. Name and Address of New Registered Agent Name Gary Smigiel, L.C. Street Address (P.O. Box Number is Not Acceptable) 7965 Lantana Road City Lake Worth FL Zip Code 33467		
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 obligation of registered agent. SIGNATURE DATE <u>4-5-08</u>					
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 # L93000000238 NAME GARY SMIGIEL, L.C. STREET ADDRESS 7965 LANTANA ROAD CITY-ST-ZIP LAKE WORTH, FL 33567			STREET ADDRESS P. O. Box 540669 CITY-ST-ZIP Lake Worth, FL 33454-0669		
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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: 4-5-08 5769108105 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE