

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04000000709

Entity Name: SOFFERS THREE, LTD.

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

19501 BISCAYNE BOULEVARD, SUITE 400  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

19501 BISCAYNE BOULEVARD, SUITE 400  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 20-1061227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOFFER, MARSHA  
19501 BISCAYNE BOULEVARD, SUITE 400  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: L04000032583  
Name: SOFFERS ONE, LLC  
Address: 19501 BISCAYNE BOULEVARD, SUITE 400  
City-St-Zip: AVENTURA, FL 33180

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARSHA SOFFER

MGM

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date