
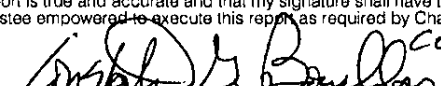


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # A04000000895					
1. Entity Name CGB PROPERTIES, LIMITED PARTNERSHIP					
Principal Place of Business 2003 HARBOUR WATCH CIR TARPON SPRINGS, FL 34689			Mailing Address 2003 HARBOUR WATCH CIR TARPON SPRINGS, FL 34689		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-1106870			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			7. Name and Address of New Registered Agent		
BOUCHLAS, CONSTANTINE G DR 2003 HARBOUR WATCH CIR TARPON SPRINGS, FL 34689			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	P04000082878		STREET ADDRESS		
NAME	BOUCHLAS ENTERPRISES, INC.		CITY-ST-ZIP		
STREET ADDRESS	2003 HARBOUR WATCH CIR				
CITY-ST-ZIP	TARPON SPRINGS, FL 34689				
DOCUMENT #			STREET ADDRESS	U000000899027	
NAME			CITY-ST-ZIP	04/28/08-80022-005 500.00	
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-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.					
SIGNATURE: 			Constantine G. BOUCHLAS		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date 4-11-08 Daytime Phone # 727-939-1939		

STAPLE CHECK HERE