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

## FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA

	DOCUMENT # A0400001118  1. Entity Name INTERMARINA - INVESTING COMPANY, LLLP				08 MAY 22 PM 3: 48
	Principal Place of Business  450 EAST LAS OLAS BLVD., SUITE 1500 FT. LAUDERDALE, FL 33301  Mailing Address  450 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301  FT. LAUDERDALE, FL 33301				
-	Principal Place of Business - No P.O. Box #     Mailing Address				
ŀ	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072008 Chg-LP CR2E003 (12/06)
	City & State		City & State		4. FEI Number Applied For 20–1337887 Not Applicable
	Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Current Registered Agent  AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE, SUITE 2800 MIAMI, FL 33131				Service U.S.A., Inc 450 E. Las Olas Blvd. Suite 1500 Ft. Lauderdale, FL 33301
	8. The above named entity subfilts his statement or 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				
	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				
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST NOTE: General Partners MAY NOT be changed on the form; an amendmen general partner information 13.				endment must be filed to change a general partner.
	12.	GENERAL PARTNER INFORMATION			ADDRESS CHANGES ONLY
	NAME STREET ADDRESS	HUIZENGA HOLDINGS, INC.		STREET ADDRESS  CITY-ST-ZIP	
	DOCUMENT /	17.2/1002/10/12/10 00001		STREET ADDRESS	10012901491 05/19/0801033006 **500.00
	STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
STAPLE CHECK HERE	DOCUMENT #			STREET ADDRESS	
	STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
	DOCUMENT / NAME			STREET ADDRESS	
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	DOCUMENT # NAME			STREET ADDRESS	
	STREET ADDRESS CITY-ST-ZIP		·	CITY-ST-ZIP	
	DOCUMENT / NAME			STREET ADDRESS	
	STREET ADORESS CITY-ST-ZIP			CITY-ST-ZIP	
ı	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 fignature 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 his report as required by Chapter 620, Florida Statutes  SIGNATURE:    Signature and Typed or PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daylime Phone #				