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

## FILED Apr 22, 2008 08:00 AN Secretary of State

Due By May 1, 2008				Apr 22, 2008 08:00	
DOCU	MENT # A040000	1122			Secretary of Sta
THE SUC	GG LIMITED FAMILY PART	'NERSHIP, LTD			
Principal Plac	ce of Business	Mailing Address			
		920 SE 5TH AVE POMPANO BEACH, FL 330	60		
	Service Control of the Control of th		est of the grant		
		- IN TINO OR		04222008 No Chg-LP	CR2E003 (12/06)
	O NOT WRITE	: IN THIS SP	ACE	4. FEI Number 20-1421001	Applied For Not Applicable
The state of the s				5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curren	Registered Agent		· 在 · · · · · · · · · · · · · · · · · ·	
GOLDSTEIN, LISA K				DO NOT W	RITE
1000 CORPORATE DR, 7TH FLOOR FT LAUDERDALE, FL 33334				իլ է ներ և այսերհեցակ	10.00
				IN THIS SP	ACE
			7 7 7		
	e named entity submits this statement fitions of registered agent.	or the purpose of changing its regis	stered office or register	ed agent, or both, in the State of Flo	orida. I am familiar with, and accept
SIGNATURE					
0.0.0.0.0.0	Signature, typed or printed name of registered agen	I and title if applicable		U0000	<del>0914221</del>
		Will FEE IS \$500.00 2008, Fee will be \$900.00		05/08/08	<del>0914221</del> -80046-020 500.00
	A GENERAL PARTNER NOTE: General Partners M.	THAT IS A BUSINESS ENTITY AY NOT be changed on the fo	Y MUST BE REGIST orm; an amendmen	ERED AND ACTIVE WITH TH t must be filed to change a g	IS OFFICE. eneral partner.
12.	GENERAL PARTNE	RINFORMATION			
DOCUMENT / NAME	SUGG, RONALD TRUSTEE			the state of the state of the	
STREET ADDRESS	920 SE 5TH AVE	<b>J</b>			
CITY-ST-ZIP	POMPANO BEACH, FL 33060				
DOCUMENT # NAME		S.			
STREET ADDRESS CITY-ST-ZIP		: :			
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STREET ADDRESS					

14. I hereby certify that the information supplied was this fing 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 by 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 the report as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND PAPED CA PRINTED NAME OF SIGNING GENERAL PARTNER

4-22.08

<u> 520 - 3368</u>

Daytime Phone #