

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

FILED

08 JAN 15 PM 2:39

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # A04000001368



1. Entity Name  
 OROVITZ GRONDIN BROOKSVILLE, LLLP

Principal Place of Business  
 13635 DEERING BAY DRIVE, #224  
 CORAL GABLES, FL 33158

Mailing Address  
 13635 DEERING BAY DRIVE, #224  
 CORAL GABLES, FL 33158

2. Principal Place of Business - No P.O. Box #

2550 NW 72 Ave

3. Mailing Address

2550 NW 72 Ave

Suite, Apt. #, etc.  
 Suite 101

Suite, Apt. #, etc.  
 Suite 101

City & State  
 Miami, Florida

City & State  
 Miami Florida

Zip  
 33122

Country

Zip  
 33122

Country

01072008 Chg-LP CR2E003 (12/06)

4. FEI Number  
 59-1319499

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMON, GARY P ESQUIRE  
 C/O SIMON & SIMON, P.A.  
 9100 S. DADELAND BLVD., SUITE 504  
 MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name Mark Orovitz  
 Street Address (P.O. Box Number is Not Acceptable)  
2550 NW 72 Ave, Suite 101  
 City Miami FL Zip Code 33122

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

*[Signature]*  
 Signature, typed or printed name of registered agent and title, if applicable.

Mark Orovitz

1/7/08  
 DATE

**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 #  
 NAME OROVITZ, W. JAMES  
 STREET ADDRESS 13635 DEERING BAY DRIVE, #224  
 CITY-ST-ZIP CORAL GABLES, FL 33158

STREET ADDRESS  
 CITY-ST-ZIP  
100115063331  
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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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/7/08  
 Date

305 594-9311  
 Daytime Phone #

STAPLE CHECK HERE