


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A04000001719 1. Entity Name SPYGLASS SOUTH, LLLP	
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Principal Place of Business 931 STRATFORD PLACE MELBOURNE, FL 32940	Mailing Address 2825 BUSINESS CENTER BLVD SUITE #B5 MELBOURNE, FL 32940
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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	

6. Name and Address of Current Registered Agent	
RICHARDSON, BARRY F 931 STRATFORD PLACE MELBOURNE, FL 32940	

FILED

08 JAN 30 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-1957471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
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 _____

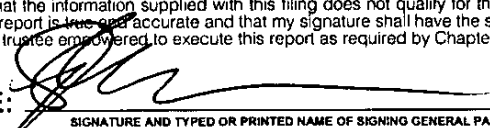
Signature, typed or printed name of registered agent and title if applicable.

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 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	STREET ADDRESS	CITY - ST - ZIP
	RICHARDSON, BARRY F		
	931 STRATFORD PLACE		
	MELBOURNE, FL 32940		
	KENDUST, RICK A		
	7630 N. WICKHAM ROAD SUITE 102		
	MELBOURNE, FL 32940		
	BJERNING, EUGENE K		
	215 BAYTREE DR.		
	MELBOURNE, FL 32940		

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:  **1-21-08 321-254-9145**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE