2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A0400001878

1. Entity Name

METTA PARTNERSHIP, LIMITED



Principal Place of Business

540 BILTMORE WAY CORAL GABLES, FL 33134

Mailing Address

540 BILTMORE WAY CORAL GABLES, FL 33134

FILED
Apr 21, 2008 08:00 Al
Secretary of State



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01042008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-1849292 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, JOHN C 540 BILTMORE WAY CORAL GABLES, FL 33134

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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 typed or printed name of registered agent and tills if applicable. DATE FILE NOW!!! FEE IS \$500.00		
SIGNATU	Signature: typed or printed name of registered agent and bille if applicable.	DATE
٠	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 REGISTER NOTE: General Partners MAY NOT be changed on the form; an amendment m	

GENERAL PARTNER INFORMATION 12. L04000086494 DOCUMENT # NAME METTA MANAGEMENT, LLC STREET ADDRESS 540 BILTMORE WAY CITY-ST-ZIP CORAL GABLES, FL 33134 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY ST 7IP

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STREET ADDRESS CITY-S1-ZIP

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14. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/20/08

314-412-6732

Daytime Phone #