

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

2008 APR -9 PM 12: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03212008 Chg-LP CR2E003 (12/06)

4. FEI Number
APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARKEY & FOWLER, P.A.
25 MCLEOD STREET
MERRITT ISLAND, FL 32953

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

DOCUMENT # **L04000005390**
 NAME **MAS ENTERPRISES, LLC**
 STREET ADDRESS **1910 HARBOR POINT DRIVE**
 CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

13. ADDRESS CHANGES ONLY

STREET ADDRESS _____
 CITY-ST-ZIP **600122041986**
04/03/08--01034--009 **500.00

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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: *Mario Sequeira* **PRESIDENT of MAS Enterprises LLC** **4-1-2008** **321-636-7780**
MARIO SEQUEIRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE