

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

COPY
FILED

DOCUMENT # A04000002109

1. Entity Name
28 ENTERPRISE, LTD.



Principal Place of Business
8525 NW 45TH STREET
CORAL SPRINGS, FL 33065

Mailing Address
8525 NW 45TH STREET
CORAL SPRINGS, FL 33065

2009 JAN 27 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03132008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2158304

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CASACCI, JOSEPH R P.A.
1000 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33316

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

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

DOCUMENT # L04000068918
NAME CARTWRIGHT LLC
STREET ADDRESS 8525 NW 45TH STREET
CITY-ST-ZIP CORAL SPRINGS, FL 33065

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

400138283854
11/26/08--01022--005 **508.75

400138283854
01/28/09--01023--010 **491.25

**DO NOT WRITE
IN THIS SPACE**

RESTATEMENT 08-09
AL

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE