


2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

DOCUMENT # A04512 1. Entity Name STARKE HOMES LTD.	
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FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 PM 3:57

Principal Place of Business 4040 NEWBERRY ROAD, STE. 1000 GAINESVILLE FL 32607	Mailing Address 4040 NEWBERRY ROAD, STE. 1000 GAINESVILLE FL 32607
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2. Principal Place of Business - No P.O. Box # 1530 W. MADISON ST.	3. Mailing Address 3111 PACES MILL RD
Suite, Apt. #, etc. _____	Suite, Apt. #, etc. SUITE A250
City & State STARKE, FL	City & State ATLANTA, GA
Zip 32091	Zip 30339
Country _____	Country _____

1st MOORE CR2E003 (10/07)

4. FEI Number 59-1744500	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, SUSAN 4040 NEWBERRY ROAD, STE. 1000 GAINESVILLE FL 32607	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 **000122866050**
04/10/08--01016--005 **508.75

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

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # 484037 NAME HALLMARK GROUP SERVICES OF FLORIDA, LLC STREET ADDRESS 3111 PACES MILL ROAD A-250 CITY-ST-ZIP ATLANTA FL 30339	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
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DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____

STAPLE CHECK HERE

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: Mark R. R... **3/18/08**

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