## 2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # A05000000016

1. Entity Name

NEHUSHTAN ASSOCIATES, LTD.



Principal Place of Business 1990 MAIN STREET SUITE 700 SARASOTA, FL 34236

Mailing Address P.O. BOX 3948 ATTN: JOHN A. MORAN, ESQ. SARASOTA, FL 34230

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

08 APR 25 PM 12: 13



04102008 No Chg-LP

CR2E003 (12/06)

4. FEI Number			Applied For
20-2315830			Not Applicable
5. Certificate of Status Desired	\$8.7	5 .	Additional

· · ·			20-2315830		Not Applicable			
			5. Certificate of Status D	Desired	\$8.75 Additional Fee Required			
	6. Name and Address of Current Registered Agent		-		`			
	OHN A I STREET, SUITE 700 A, FL 34236	2	DO NOT		and the second s			
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 NOWIII FEE IS \$500.00 After May 1, 2008, Fee will be \$90		:					
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 / NAME STREET ADDRESS CITY-ST-ZIP	L04000094075 NEHUSHTAN OF SRQ, LLC P.O. BOX 3948 SARASOTA, FL 34230		: ::::::::::::::::::::::::::::::::::::	257544	478			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			04/25/08I	<u> </u>	**638.75			
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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:** 

AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER