

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

2008 MAY 13 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A05000000405 1. Entity Name GLADPOR, LTD.					
Principal Place of Business 411 SWEET BAY AVENUE PLANTATION, FL 33324			Mailing Address 411 SWEET BAY AVENUE PLANTATION, FL 33324		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03152008 Chg-LP CR2E003 (12/06) 90-0267723 4. FEI Number APPLICATOR XXXXXXXXXX Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent				Name	
FROST, IRWIN M 1111 BRICKELL AVENUE, SUITE 2050 MIAMI, FL 33131				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
FL				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00					
400123955014 04/18/08--01004--022 **150.00					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P05000026296		STREET ADDRESS		
NAME	RODPOR MANAGEMENT, INC.		CITY-ST-ZIP		
STREET ADDRESS	411 SWEET BAY AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date 4/14/08 Daytime Phone # _____		

STAPLE CHECK HERE