

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A05000000468

1. Entity Name
SOFRAN BEVERLY HILLS, LTD.



FILED

08 JAN 30 PM 4:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business Mailing Address
~~818 A1A NORTH, STE 203~~ ~~818 A1A NORTH, STE 203~~
~~PONTE VEDRA BEACH, FL 32082~~ ~~PONTE VEDRA BEACH, FL 32082~~

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4312 Pablo Professional Ct. **4312 Pablo Professional Ct.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

01072008 Chg-LP CR2E003 (12/06)

City & State City & State 4. FEI Number Applied For
Jacksonville, FL **Jacksonville, FL** **20-2477813** ☐ Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32224 **USA** **32224** **USA** ☐ ☒

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROULEAU, ROBERT	Name
818 A1A NORTH, STE 203	Street Address (P.O. Box Number is Not Acceptable)
PONTE VEDRA BEACH, FL 32082	
4312 Pablo Professional Court	City
Jacksonville, FL 32224	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 fee 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00441	STREET ADDRESS	4312 Pablo Professional Court
NAME	THE SOFRAN CORPORATION	CITY - ST - ZIP	Jacksonville, FL 32224
STREET ADDRESS	818 A1A NORTH, STE 203		
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082		
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01/29/08-01013-015 **1000.00

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]* **1/8/08** **904/821/8098**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE