


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # A05000000520 1. Entity Name MADANY & AKRUK, LLLP	
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Principal Place of Business 980 CAPE MARCO DRIVE, MONTEREY BLDG., #908 MARCO ISLAND, FL 34145	Mailing Address 72 MAPLE LANE NEWTOWN, PA 18940
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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

FILED
 08 JUL 18 PM 2:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



07072008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-2502872	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent SALVATORI & WOOD, P.A. 4001 TAMiami TRAIL NORTH, SUITE 330 NAPLES, FL 34103	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 title if applicable

FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	MADANY, BAHIJ H M.D.		
	72 MAPLE LNE		
	NEWTOWN, PA 18940		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	AKRUK, SAMIR R M.D.		
	530 ASPENWOOD DRIVE		
	YARBLEY, PA 190876314		
	226 Sydney Rd.		
	Holland, PA 18966		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

700132973077
 07/16/08--01003--009 **\$500.00

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: Bahij H. Madany M.D. **7-7-08** **215-968-4439**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #