2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A05000000726

1. Entity Name NORTH PORT DEAL LLLP



FILED Jan 22, 2008 08:00 A Secretary of State

Principal Place of Business

7457 PARK LANE LAKE WORTH, FL 33467 Mailing Address

7457 PARK LANE LAKE WORTH, FL 33467



01142008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-2689641 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		
LANCIANESE, MICHELLE 7457 PARK LANE LAKE WORTH, FL 33467		DO NOT WRITE IN THIS SPACE
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
-	FILE NOWIII FEE IS \$800.00 After May 1, 2008, Fee will be \$800.0	0
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 #	L05000092960	
NAME	NORTH PORT DEAL GPNER, LLC	
STREET ADDRESS	7457 PARK LANE	
CITY-ST-ZIP	LAKE WORTH, FL 33410	HAAAAAA
DOCUMENT #		000000790936 01/23/08-80053-020 500.00
NAME OTOGET + DODGEO		01/ E3/ 00 00033 050 3001 60
STREET ADDRESS CITY-ST-ZIP		
DOCUMENT / NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		
DOCUMENT /		IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		•
CITY-ST-ZIP		
DOCUMENT #		

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-16-08 561-439-2900

Daytime Phone