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

FILED SECRETARY OF STATE TALLAHASSEE.FLORIDA

08 MAR 12 AM 8: 41

1. Entity Name
TOWN CENTER REDEVELOPMENT, LLLP



Principal Place of Business

790 HILLBRATH DRIVE Lantana, Fl 33462 Mailing Address

790 HILLBRATH DRIVE LANTANA, FL 33462



DO NOT WRITE IN THIS SPACE

01212008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-2577497

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUSMANO, CHARLES 790 HILLBRATH DRIVE LANTANA, FL 33462

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|---|--|--|
|   |  | The state of the s |
|   | named entity submits this statement for the purpose of changing its regisions of registered agent. | tered office or registered agent, or both, in the State of Florida. I am familiar with, and accept   |
| <br>  SIGNATURE -   |  | \$0012072536<br><del>03/19/08-01024_214-**500.0</del> 0  |
|   | Signature, typed or printed name of registered agent and title if applicable.                      | CONTROL OF STREET AND ON CO  |
| FILE NOW!!! FEE IS \$500.00<br>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  | · · · · · · · · · · · · · · · · · · ·  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | GUSMANO, CHARLES 790 HILLBRATH DRIVE LANTANA, FL 33462   |  |
| DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |
| DOCUMENT /  |  |  |

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

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Daytime Phone #