

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # A05000001027

1. Entity Name

EASTWOOD ASSOCIATES, L.L.P.



Principal Place of Business

**240 SOUTH PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236**

Mailing Address

**P.O. BOX 49948
SARASOTA, FL 34230-6948**



01212008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2885533

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAND, DAVID S
240 SOUTH PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236**

**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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

000000831270
02/27/08-80011-017 500.00

**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 #

NAME

BAND, DAVID S

STREET ADDRESS

240 SOUTH PINEAPPLE AVE., 10TH FLOOR

CITY - ST - ZIP

SARASOTA, FL 34236

DOCUMENT #

NAME

MCKAY, JOHN M

STREET ADDRESS

1001 3RD AVE. WEST, SUITE 670

CITY - ST - ZIP

BRADENTON, FL 34205

DOCUMENT #

NAME

ALLEN, RONALD J

STREET ADDRESS

1001 3RD AVE. WEST, SUITE 600

CITY - ST - ZIP

BRADENTON, FL 34205

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Daytime Phone #

STAPLE CHECK HERE