

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

**FILED**

**08 FEB 19 PM 4:04**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



02072008 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A05000001085</b>		
1. Entity Name CASHMERE PLAZA, LTD.		

Principal Place of Business 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33418	Mailing Address 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33418
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2. Principal Place of Business - No P.O. Box # <b>12557 EQUINE LN</b>	3. Mailing Address <b>12557 EQUINE LN</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Wellington, FL</b>	City & State <b>Wellington, FL</b>
Zip <b>33414</b>	Zip <b>33414</b>
Country	Country

4. FEI Number <b>20-2995921</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WELLER, GLENN R 210 SUNSET BAY COURT PALM BEACH GARDENS, FL 33418-USA	
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7. Name and Address of New Registered Agent	
Name <b>Weller, Glenn R</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>12557 EQUINE LN</b>	
City <b>Wellington</b>	FL <b>33414</b>

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 **2/5/08**

**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	
DOCUMENT #	P05000078811
NAME	SOUTHCAP CASHMERE PROPERTIES, INC.
STREET ADDRESS	210 SUNSET BAY COURT
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>12557 EQUINE LN</b>
CITY-ST-ZIP	<b>Wellington, FL 33414</b>
STREET ADDRESS	
CITY-ST-ZIP	<b>400117966594</b>
	<b>02/13/08--01029--015 **500.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: **G. Weller** DATE **2/5/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE