2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 12, 2008

STAPLE CHECK HERE

DOCUMENT # A05000001523								gtb	1 t p= 45
1. Entity Name							FILED		
PRINIAS	LIMITED						08 JUL	18 PM 2:45	
Principal Plac	Mailing Address	iling Address				SECRE!	TARY OF STATE		
5149 NE 6TI Ft. Lauderd		3334	5149 NE 6TH AVENUE FT. Lauderdale, Fl. 33334		1			TALLAH	ASSEE, FLORIDA
C/O: 480	01 N. F	ness - No P.O. Box # FEDERAL HWY	3. Mailing Address C/O: 4801 N	C/O: 4801 N. FEDERAL HWY					
Suite, Apt. 302	#, etc.		Suite, Apt. #, etc.				07072008	Chg-LP	CR2E003 (12/06)
City & State			City & State				4. FEI Number		Applied For
Zip	Zip Country		Zip Country		ntrv		54-2177468 Not Applicable		
33308			33308	Coornery			5. Certificate of	Status Desired	Fee Required
	6. Name	and Address of Curren	t Registered Agent	gistered Agent Name			7. Name and Address of New Registered Agent		
GEORGA		Street Address (P.O. Box Number is Not Acceptable)							
5149 NE 6 FT. LAUDE				Street Address (P.C			P.O. Box Number		
					City	FL Z			FL Zip Code
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									
FILE NOW!!! FEE 13 \$500.00 In accordance with s. 607.193(2)(b), F. the limited partnership did not receive to prior notice.									ce with s. 607.193(2)(b), F.S., artnership did not receive the
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	GEORGAKAKIS, GEORGE				EET ADORESS	c/o	• 4801 พกา	פתו איד אידם	AL HIGHWAY, #302
STREET ADDRESS	5149 NE 6	6TH AVENUE	CITY		r-ST-ZIP				
DOCUMENT #	FT. LAUD	ERDALE, FL 33334			•, •	FT.	LAUDERDAI	LE, FL 3	3308
NAME				STR	EET ADDRÉSS				
STREET ADDRESS CITY-ST-ZIP				CITY	r-ST-ZIP				
DOCUMENT #				STR	EET ADDRESS		 80		972909
STREET ADDRESS				CITY	r-ST-ZIP		077167	7080100.	372808 3004 **500.00
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DOCUMENT # NAME				STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	r-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 employereb to execute this report as required by Chapter 620, Florida Statutes									
SIGNATURE:									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Date									