2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED May 05, 2008 08:00 AN Secretary of State

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DOCUMENT # A05000001620					, and a	eci eta	ny or Sta	
1. Entity Name SBD SANTA FE LIMITED PARTNERSHIP								
SBD SAN	ITA FE LIWITED FARTNERS) I I I I						
Principal Plac	e of Business	Mailing Address						
1691 MICHIG		1691 MICHIGAN AVENUE						
MIAMI BEACH	1, FL 33139	MIAMI BEACH, FL 33139						
3.37.4. 4.3. 44.		***						
[新聞歌] "我想要你不再想在我们的一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们 第一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就					CB B B B B		IE E E3 E E EE	
Frankling St. p. C.				04282008	No Chg-LP	CR2E003 (12/06)	
L L D	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb			Applied For	
				20-3345503 Not Applicable				
- The angle Substitute (Apple of the Control of t				5. Certificate	of Status Desired		75 Additional	
6. Name and Address of Current Registered Agent				H. Troit A A X	rock to the	Fee l	Required	
	6. Name and Address of Current H	edistated Adent				for ear		
DEVLIN, TIMOTHY R					NOT W			
C/O DASZKAL BOLTON, LLP 2401 NW BOCA RATON BOULEVARD					的复数重要 化二重电池			
BOCA RATON, FL 33431				() IN	THIS SP	ACE	MART	
8. The above	named entity submits this statement for	the purpose of changing its register	red office or register	red agent, or bo	th, in the State of Flo	nda. Lam famili	er with, and accept	
the obligat	ions of registered agent.				! Manaa	ייים דיירי איני הייני		
SIGNATURE -	Signature, typed or printed name of registered agont an	of tile if applicable		·		0947375 = 88817=0	102 500.0 0	
					03/ 32/ 00			
		!!! FEE IS \$500.00)08, Fee will be \$900.00			,			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.								
12.	NOTE: General Partners MAY GENERAL PARTNER	<u> </u>	n; an amendmen	nt must be file	ed to change a ge	neral partner	rat nagargens i la	
DOCUMENT #	P05000115431	an p						
NAME	SBD SANTA FE, INC.	\$ £		THE.				
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14. I hereby certify that the information supplied with this filling 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 the poort at required by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

DOCUMENT *
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT *
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #