

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 31 PM 3:52

DOCUMENT # A05000002052



1. Entity Name
 SAWGRASS TECH LAND ASSOCIATES, LTD.

Principal Place of Business
 300 S.E. 2ND STREET
 FORT LAUDERDALE, FL 33301

Mailing Address
 300 S.E. 2ND STREET
 FORT LAUDERDALE, FL 33301

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142008 Chg-LP CR2E003 (12/06)

4. FEI Number
 20-3778949

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLOREK, DONNA
 300 S.E. 2ND STREET
 FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name ROBERT ESPOSITO

Street Address (P.O. Box Number is Not Acceptable)
 c/o Stiles Corporation

300 SE 2nd Street

City Fort Lauderdale FL Zip Code 33301

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 Robert Esposito

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

DATE

11/31/08

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 #
 NAME SAWGRASS TECH LAND ASSOCIATES, LLC
 STREET ADDRESS 300 S.E. 2ND STREET
 CITY-ST-ZIP FORT LAUDERDALE, FL 33301

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000121510980
 03/28/08--01012--011 **500.00

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: Terry W. Stiles January 31, 2008 954-627-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE