

2009 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2009

DOCUMENT # A05000002094

1. Entity Name
SOFRAH HOWLING WOLF, LTD.



FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 23 PM 2:13

Principal Place of Business
4312 PABLO PROFESSIONAL CT.
JACKSONVILLE, FL 32224

Mailing Address
4312 PABLO PROFESSIONAL CT.
JACKSONVILLE, FL 32224



01062009 No Chg-LP

CR2E003 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4007250	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROULEAU, ROBERT
4312 PABLO PROFESSIONAL CT.
JACKSONVILLE, FL 32224

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

DATE

[Signature]
01/16/09

FILE NOW!!! FEE IS \$500.00
After May 1, 2009, 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 #	P00441
NAME	THE SOFRAH CORPORATION
STREET ADDRESS	4312 PABLO PROFESSIONAL CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32224
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

300141896483
01/23/09--01054--025 **500.00

**DO NOT WRITE
IN THIS SPACE**

[Signature]

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]

Robert Rouleau 01/16/2009 (904) 821-8098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE