


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A05000002319 1. Entity Name AHAD ISLAM FAMILY LIMITED PARTNERSHIP, LLLP	
--	---

FILED

08 FEB 19 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2400 HARBOR BLVD SUITE 6 PORT CHARLOTTE, FL 33952	Mailing Address 2400 HARBOR BLVD SUITE 6 PORT CHARLOTTE, FL 33952
---	---



2. Principal Place of Business - No P.O. Box # 3390 TAMiami TRAIL Suite, Apt. #, etc. #205	3. Mailing Address 3390 TAMiami TRAIL Suite, Apt. #, etc. #205
--	--

01102008 Chg-LP CR2E003 (12/06)

City & State PORT CHARLOTTE, FL Zip 33952 Country CHARLOTTE	City & State PORT CHARLOTTE, FL Zip 33952 Country CHARLOTTE
--	--

4. FEI Number APPLIED FOR 26-1208685	Applied For <input checked="" 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 LANE, DANIEL A 4166 TAMiami TRAIL UNIT B PORT CHARLOTTE, FL 33952	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME AHAD, ARSHAD STREET ADDRESS 2400 HARBOR BLVD SUITE 6 CITY-ST-ZIP PORT CHARLOTTE, FL 33952	STREET ADDRESS 3390 TAMiami TRAIL, #205 CITY-ST-ZIP PORT CHARLOTTE, FL 33952
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP

700117636307
 02/11/08--01003--002 **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: _____ **1/16/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE