2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A05261				FILED					
ANCLOTE VILLAS LTD.					ži 1				
				100	SECO	08 APR -4 AM 10: 09			
11635 NW	Principal Place of Business Mailing Address 11635 NW 1ST AVENUE GAINESVILLE, FL 32607 Mailing Address 11635 NW 1ST AVENUE GAINESVILLE, FL 32607				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal	Principal Place of Business - No P.O. Box #								
Suite, Ap	it. #, etc.	Suite, Apt. #, etc.		02012008	Chg-LP	CR2E00	3 (12/06)		
City & St	ate	City & State	City & State		4. FEI Number 59-18462	228		Applied For Not Applicable	
Zip	Country	Zip	Сои	ntry	5. Certificate of			8.75 Additional ee Required	
	6. Name and Address of Current Registered Agent				7. Name and A	ddress of New	Registered A	jent	
	CURTIS, JOHN M.					Name			
	11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607				Street Address (P.O. Box Number is Not Acceptable)				
					City FL Zip Code				
	ve named entity submits this statement ations of registered agent.	for the purpose of changing	j its register	red office or regis	tered agent, or both	, in the State of F	lorida. I am fa	miliar with, and accept	
SIGNATURE —									
Signature, typed or printed name of registered agont and life it applicable. DATE							DATE		
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 partners.									
12.	GENERAL PARTN	ADDRESS CHANGES ONLY							
DOCUMENT # NAME	11000 1111 1001		STF	REET ADDRESS					
STREET ADDRES			Cit	Y-SI-ZIP	90	0122 0801014	4231	09	
CITY-ST-ZIP	GAINESVILLE, FL		Ç.II	1-33-20	04/07/	'0801014	<u>1006</u>	**508.75	
DOCUMENT # NAME	ME CURTIS, GAIL W. 11635 NW 1ST AVE.		STRE						
STREET ADDRES									
DOCUMENT /			e T I	STREET ADDRESS					
NAME STREET ADDRES	\		ain	ICET AUDRESS					
CITY-ST-ZIP			CIT	Y-ST-ZIP					
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CITY-ST-ZIP DOCUMENT			SIF	BEET ADDRESS	·				
NAME STREET ADDRES CITY-ST-ZIP	S		CIT	Y-ST-ZIP					
DOCUMENT /		<u>-</u>	Sti	REET ADDRESS		-			
STREET ADDRES	s		CIT	Y-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 in 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 profit or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes John M. Curtis									
SIGNA	TURE:			Partner	02/25	/08	352-33	32-0838	
- SIGNA	SICNATURE AND SET	OR PRINTED NAME OF SIGNING GE	NERAL PARTN	IFR		Date	Da	yume Phone #	