


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

**FILED
Mar 31, 2008 08:00 AM
Secretary of State**

DOCUMENT # A05269 1. Entity Name NASSAU HOMES, LTD.	
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Principal Place of Business 1200 S 15TH AVENUE FERNANDINA BEACH FL 32034	Mailing Address 3111 PACES MILL RD. SUITE A-250 ATLANTA GA 30339
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number 59-1823047	Applied For <input type="checkbox"/> Not Applicable
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1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent ADAMS, SUSAN 4040 NEWBERRY ROAD SUITE 1000 GAINESVILLE FL 32607	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 **04/11/08-80048-003 508.75**

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

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State**

**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 # M03000001595	NAME HALLMARK GROUP SERVICES OF FLORIDA, LLC	STREET ADDRESS	
STREET ADDRESS 3111 PACES MILL ROAD SUITE A-250	CITY-ST-ZIP ATLANTA GA 30339	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-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 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Mark A. [Signature]

Date

Daytime Phone #

3/19/08

STAPLE CHECK HERE