


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILE # 14-1949956
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -6 AM 8:55

DOCUMENT # A06000000099		
1. Entity Name SKYCAT LIMITED PARTNERSHIP		

Principal Place of Business 5928 21ST STREET EAST BRADENTON, FL 34203	Mailing Address PO BOX 78 ONECO, FL 34264
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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



03042008 Chg-LP CR2E003 (12/06)

4. FEI Number
 (APPLIED FOR 14-1949956) Applied For Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ANDERSON, MARK M 5928 21ST STREET EAST BRADENTON, FL 34203		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

800128357598
 05/05/08--01008--018 **\$500.00

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 STREET ADDRESS CITY-ST-ZIP	P06000004130 SKYCAT VENTURES GP, INC. 5928 21ST STREET EAST BRADENTON, FL 34203	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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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: Mark M. Anderson 2/3/08 941 755 5211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE