2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A06000000108

1. Entity Name
SOFRAN DADE CITY, LTD.

FILED
08 JAN 30 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~818 A-1-A NORTH, SUITE 203~~
~~PONTE VEDRA BEACH, FL 32082~~

Mailing Address
~~818 A-1-A NORTH, SUITE 203~~
~~PONTE VEDRA BEACH, FL 32082~~

01072008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
4312 Pablo Professional Ct.		4312 Pablo Professional Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Jacksonville, FL		City & State: Jacksonville, FL	
Zip: 32224	Country: USA	Zip: 32224	Country: USA

4. FEI Number: 20-4191382 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROULEAU, ROBERT
~~818 A-1-A NORTH, SUITE 203~~
~~PONTE VEDRA BEACH, FL 32082~~

4312 Pablo Professional Court
Jacksonville, FL 32224

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 #	P00441	STREET ADDRESS	4312 Pablo Professional Court
NAME	THE SOFRAN CORPORATION		
STREET ADDRESS	~~818 A-1-A NORTH, SUITE 203~~	CITY-ST-ZIP	Jacksonville, FL 32224
CITY-ST-ZIP	~~PONTE VEDRA BEACH, FL 32082~~		
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STAPLE CHECK HERE

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: R. Rouleau 1/8/08 904/821-8098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #