2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A06000000191

1. Entity Name
LONGFELLOW APARTMENTS, LLLP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 15 AM 11:58

Principal Place of Business	Mailing Address
300 ALEXANDER PALM RD BOCA RATON, FL 33432	300 ALEXANDER PALM RD BOCA RATON, FL 33432

03242008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2799 BOCA RATON BLVD	6219 COSTA LAKE POINT
Suite, Apt. #, etc.: 116	Suite, Apt. #, etc.:
City & State: BOCA RATON, FL	City & State: FLOWERY BRANCH, GA
Zip: 33431 Country: USA	Zip: 30542 Country: US

4. FEI Number: 20-8195089 ☐ 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
KINCHEN, GILBERT H 300 ALEXANDER PALM RD BOCA RATON, FL 33432	Name: ELIZABETH J. KINCHEN Street Address (P.O. Box Number is Not Acceptable): 3633 NW 49 TH ST City: BOCA RATON FL Zip Code: 33434

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: Elizabeth J. Kinchen 4/1/08
Signature, typed or printed name of registered agent and title if applicable. 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 partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	6219 COSTA LAKE POINT
NAME	KINCHEN, GILBERT H	CITY-ST-ZIP	FLOWERY BRANCH, GA 30542
STREET ADDRESS	6219 COSTA LAKE POINT		
CITY-ST-ZIP	FLOWERY BRANCH, GA 30542		
DOCUMENT #		STREET ADDRESS	
NAME	ROSEN, HARVEY S		900123501709
STREET ADDRESS	3 HAVERHILL LANE	CITY-ST-ZIP	04/15/08--01010--010 **508.75
CITY-ST-ZIP	BEACHWOOD, OH 44122		
DOCUMENT #		STREET ADDRESS	
NAME	DROBNICK, NANCY		
STREET ADDRESS	8159 KNIGHTSBRIDGE LANE	CITY-ST-ZIP	
CITY-ST-ZIP	MENTOR, OH 44060		
DOCUMENT #		STREET ADDRESS	
NAME			
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NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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: Gilbert H Kinchen 4/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #