


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

<b>DOCUMENT # A06000000240</b>	
1. Entity Name <b>NORTHEAST 9TH AVENUE DEVELOPEMENT PARTNERS, LTD.</b>	

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 11 PM 4:38

Principal Place of Business <b>1928 THATCH PALM DRIVE BOCA RATON FL 33432</b>	Mailing Address <b>1928 THATCH PALM DRIVE BOCA RATON FL 33432</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
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1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent  <b>NORTHEAST 9TH STREET DEVELOPMENT PARTNERS, 1928 THATCH PALM DRIVE BOCA RATON FL 33432</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 date if applicable.

**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	
DOCUMENT #	P06000013279
NAME	NORTHEAST 9TH STREET DEVELOPMENT PARTNERS,
STREET ADDRESS	1928 THATCH PALM DRIVE
CITY-ST-ZIP	BOCA RATON FL 33432
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	400120720434
CITY-ST-ZIP	03/19/08--01015--010 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: Barry A. Lehman **Barry A. LEHMAN** 2/11/08 (561)866-6142  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE