


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 1:06

<b>DOCUMENT # A06000000476</b> 1. Entity Name SONORA FARMS PARTNERS, L.L.L.P.	
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Principal Place of Business 8647 VIA REALE #1 BOCA RATON, FL 33496 <i>123 SOUTH BROAD STREET                  PHILA PA 19109</i>	Mailing Address 8647 VIA REALE #1 BOCA RATON, FL 33496 <i>123 SOUTH BROAD ST                  PHILA PA 19109</i>
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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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01202008    Chg-LP    CR2E003 (12/06)

4. FEI Number <b>65-0635443</b> APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 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 #	D06000000006	STREET ADDRESS	800119236978
NAME	THE SALLY H. EDELSON REVOCABLE TRUST	CITY-ST-ZIP	03/03/08--01004--006 **500.00
STREET ADDRESS	123 SOUTH BROAD STREET		
CITY-ST-ZIP	PHILADELPHIA, PA 19109		

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:** GARY M EDELSON      2/23/08      (215) 772-7264  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE