## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

## SECRETARY OF STATE TALLAHASSEE, FLORIDA Due By May 1, 2008 DOCUMENT #,A06000000645 08 MAY -1 PM 2: 46 URBANEK REALTY HOLDINGS, LTD Principal Place of Business Mailing Address 4800 N. FEDERAL HIGHWAY 4800 N. FEDERAL HIGHWAY SUITE 209A SUITE 209A BOCA RATON, FL 33431 US BOCA RATON, FL 33431 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1375 Gateway Blvd Suite, Apt. #, etc. 375 Gateway Blvd. 04162008 CR2E003 (12/06) Chg-LP 4. FEI Number 20 4989668 APPLIED FOR City & State City & State Applied For Boynton Beach FL Boynton Beach FL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required <u> 33426</u> USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAGLAND, KATHLEEN 4800 N. FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) SUITE 209A BOCA RATON, FL 33431 1375 Gateway Blvd. <u> 33426</u> 8. The above named entity submits this statement for the purpose of changing its registered office or registered agant, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent Kathleen Lattlee Ragland 1-25-08 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 # L06000049171 STREET ADDRESS URBANEK MANAGEMENT, LLC NAME 1375 Gateway Blvd. STREET ADDRESS 4800 N. FEDERAL HIGHWAY, SUITE 209A CITY-ST-ZIF CITY-ST-ZIP Boynton-Beach FL 33426 BOCA RATON, FL 33431 600127239 04/30/08--01010--010 OOCUMENT # STREET ADDRESS \*\*500.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 recuired by Chapter 620, Florida Statutes

SIGNATURE:

HERE

CHECK

STAPLE

CITY-ST-ZIP

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

Kathleen Rayland

STREET ADDRESS

CITY-ST-ZIP

FILED