


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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 19 AM 8: 21

DOCUMENT # A0600000705
1. Entity Name
1111 LANCASHIRE, LTD.



Principal Place of Business
17 EAST FLAGLER STREET
SUITE 219
MIAMI, FL 33131

Mailing Address
PO BOX 13351
MIAMI, FL 33101

2. Principal Place of Business - No P.O. Box #
3. Mailing Address
1111 Lancashire Ltd.

Suite, Apt. #, etc.
Suite Apt # etc. 1550 N.W. 108 Ave

City & State
Miami, FL

Zip Country
33172 USA



03202008 Chg-LP CR2E003 (12/06)

4. FEI Number
20-4951661

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST SECOND STREET, SUITE 2900
MIAMI, FL 33131

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**

400129587534
05/15/08--01012--001 **500.00

**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	
DOCUMENT #	L06000055023
NAME	1111 LANCASHIRE, LLC
STREET ADDRESS	17 EAST FLAGLER STREET, SUITE 219
CITY ST-ZIP	MIAMI, FL 33131
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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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	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information applied 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:  JEFF SHERMAN 4/9/08 3055939017
Date Davtime Phone #