


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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY 19 AM 8:21

DOCUMENT # A06000000705	
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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>1111 Lancashire Ltd.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>1550 N.W. 108 Ave</i>
City & State	City & State <i>Miami, FL</i>
Zip	Zip <i>33172</i>
Country	Country <i>USA</i>



03202008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-4951661	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L06000055023	STREET ADDRESS	
NAME	1111 LANCASHIRE, LLC	CITY-ST-ZIP	
STREET ADDRESS	17 EAST FLAGLER STREET, SUITE 219		
CITY-ST-ZIP	MIAMI, FL 33131		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*JEFF SHERMAN*

4/9/08

Date

3055939017

Daytime Phone #