

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

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # A06000000817 1. Entity Name PALMETTO 1331, LLLP	
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Principal Place of Business 1331 PALMETTO AVENUE, 1ST FLOOR WINTER PARK FL 32789	Mailing Address PO BOX 144 WINTER PARK FL 32790
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 20-5117660	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PRICE, PAMELA O 301 EAST PINE STREET, SUITE 1400 ORLANDO FL 32801	
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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

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.

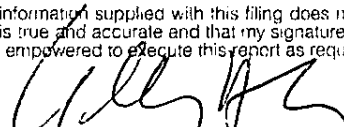
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P06000086453	STREET ADDRESS	
NAME	PALMETTO 1331 MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 144		
CITY-ST-ZIP	WINTER PARK FL 32790		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/1/08 407 628-3443
Date Daytime Phone #

STAPLE CHECK HERE