

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 22 PM 3: 51

DOCUMENT # A06000000896	
1. Entity Name GLICKSTEIN HOLDINGS, LLLP	



Principal Place of Business 277 S.E. 5TH AVENUE DELRAY BEACH, FL 33483	Mailing Address 277 S.E. 5TH AVENUE DELRAY BEACH, FL 33483
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2. Principal Place of Business - No P.O. Box # 202 Southeast 5th Avenue		3. Mailing Address 202 SE 5th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach, FL		City & State Delray Beach, FL	
Zip 33483	Country	Zip 33483	Country



02122008 Chg-LP CR2E003 (12/06)

4. FEI Number 30-0370540	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GLICKSTEIN, CARY D 277 S.E. 5TH AVENUE DELRAY BEACH, FL 33483	7. Name and Address of New Registered Agent Name: Cary Glickstein Street Address (P.O. Box Number is Not Acceptable): 202 Southeast 5th Avenue City: Delray Beach FL Zip Code: 33483
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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: 4/28/08

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 #	NAME	STREET ADDRESS	202 Southeast 5th Ave
NAME	GLICKSTEIN, CARY D	CITY-ST-ZIP	Delray Beach, FL 33483
STREET ADDRESS	277 S.E. 5TH AVENUE		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #	NAME	STREET ADDRESS	100129486901
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DOCUMENT #	NAME	STREET ADDRESS	
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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: DATE: 3/23/08 5612798952

STAPLE CHECK HERE