

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A06000001051

1. Entity Name
US TREUHAND OPPORTUNITY, LTD.



Principal Place of Business
% ESTEIN & ASSOCIATES USA, LTD.
5211 INTERNATIONAL DRIVE
ORLANDO, FL 32819

Mailing Address
% ESTEIN & ASSOCIATES USA, LTD.
5211 INTERNATIONAL DRIVE
ORLANDO, FL 32819

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

c/o Estein & Associates USA Ltd
4705 S. Apopka Vineland Road
Suite 201
Orlando, FL 32819 USA

c/o Estein & Associates USA Ltd
4705 S. Apopka Vineland Road
Suite 201
Orlando, FL 32819 USA

01082008

Chg-LP

CR2E003 (12/06)

4. FEI Number

APPLIED FOR 20-5479226

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ESTEIN, LOTHAR
% ESTEIN & ASSOCIATES USA, LTD.
5211 INTERNATIONAL DRIVE
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name **Estein, Lothar c/o Estein & Associates, Ltd.**

Street Address (P.O. Box Number is Not Acceptable)

4705 S. Apopka Vineland Road

Suite 201

City **Orlando**

FL

Zip Code **32819**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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

DOCUMENT # **P06000036310**
NAME **US TREUHAND CORPORATION**
STREET ADDRESS **5211 INTERNATIONAL DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32819**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **4705 S. Apopka Vineland Rd. Ste. 201**
CITY-ST-ZIP **ORLANDO, FLA. 32819**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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

2/12/08

Date

(407) 909-2700

Daytime Phone #

STAPLE CHECK HERE

FILED

08 FEB 21 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

