

**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 12, 2008**

DOCUMENT # A06000001236	
1. Entity Name ALMIKE PROPERTIES, LP	
Principal Place of Business 2424 N.E. 22ND STREET POMPANO BEACH, FL 33062	Mailing Address 2424 N.E. 22ND STREET POMPANO BEACH, FL 33062



**FILED**  
**Jun 23, 2008 08:00 AM**  
**Secretary of State**



05292008 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KLASFELD, MICHAEL C  
2424 N.E. 22ND STREET  
POMPANO BEACH, FL 33062

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

U00000953317  
06/23/08-80001-013 500.00

**FILE NOW!!! FEE IS \$500.00  
Due by September 12, 2008**

in accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	L06000023187
NAME	ALMIKE MANAGEMENT, LLC
STREET ADDRESS	2424 N.E. 22ND STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33062
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Michael C Klasefeld *Michael Klasefeld* *Michael Klasefeld* *6-18-08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE