


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -6 AM 8: 55

DOCUMENT # A06000001296

1. Entity Name
 SPECIAL OPPORTUNITIES FUND, LP



Principal Place of Business
 25 CHURCH AVE SW
 ROANOKE, VA 24011

Mailing Address
 PO BOX 2827
 ROANOKE, VA 24001

2. Principal Place of Business - No P.O. Box #
 25 Church Ave SW
 Suite, Apt. #, etc.


3. Mailing Address
 25 Church Ave SW
 Suite, Apt. #, etc.

City & State
 Roanoke, VA

City & State
 Roanoke, VA

Zip
 24011

Country
 USA



04142008 Chg-LP CR2E003 (12/06)

4. FEI Number
 20-5868723

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAGE, ANTONIO
 7955 AIRPORT RD
 SUITE 101
 NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name: ROBERT J. SORRENTINO

Street Address (P.O. Box Number is Not Acceptable)
 25 Church Ave S.W.

City: Roanoke 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 title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

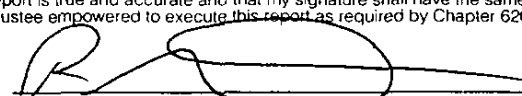
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 05/05/08--01008--017 **500.00

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 #	P98000049930	STREET ADDRESS	
NAME	SORRENTINO ASSET MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	25 CHURCH AVE SW		
CITY-ST-ZIP	ROANOKE, VA 24011		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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**

Date: 4-14-08 Daytime Phone #: 540-985-6444