

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

DOCUMENT # A06000001368

1. Entity Name

TRADITION ATLANTIC, LTD.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 11 AM 10:01

Principal Place of Business
600 EAST COLONIAL DRIVE, SUITE 100
ORLANDO FL 32803

Mailing Address
600 EAST COLONIAL DRIVE, SUITE 100
ORLANDO FL 32803



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

4. FEI Number
20-5941132

Applied For
Not Applicable

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

1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHRIMSHER, J. STEVEN
600 EAST COLONIAL DRIVE, SUITE 100
ORLANDO FL 32803

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

(Signature, typed or printed name of registered agent and fee, if applicable)

000122504450
04/08/08--01004--022 **500.00
DATE

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 # P96000086295
NAME SCHRIMSHER INVESTMENTS CORPORATION
STREET ADDRESS 600 EAST COLONIAL DRIVE, SUITE 100
CITY-ST-ZIP ORLANDO FL 32803

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS 4390 Belle Oaks Drive
CITY-ST-ZIP Suite 320
Charleston, SC 29405

DOCUMENT # M06000006512
NAME BSP/ATLANTIC, LLC
STREET ADDRESS 250 PARK AVENUE, SUITE 200
CITY-ST-ZIP WINTER PARK FL 32789

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Stephen R. Walsh

Stephen R. Walsh

3/20/08

843-853-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone

STAPLE CHECK HERE