

**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED  
Mar 10, 2008 08:00 A  
Secretary of State**

**DOCUMENT # A06000001458**

1. Entity Name  
THE CENTRE II ON 441, LLLP



Principal Place of Business  
2515 STATE ROAD 7, SUITE 230  
WELLINGTON, FL 33414

Mailing Address  
2515 STATE ROAD 7, SUITE 230  
WELLINGTON, FL 33414



02012008 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-8039691	Applied For Not Applicable
-----------------------------	-------------------------------

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

STANLEY, MARC  
2515 STATE ROAD 7, SUITE 230  
WELLINGTON, FL 33414

**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

*[Handwritten Signature]*  
Signature, typed or printed name of registered agent and date if applicable.

*[Handwritten Signature]*  
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 #	P06000152855
NAME	CENTRE II - 441, INC.
STREET ADDRESS	2515 STATE ROAD 7, SUITE 230
CITY-ST-ZIP	WELLINGTON, FL 33414

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000854271  
03/27/08-80001-005 500.00

**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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*[Handwritten Signature]* 2-13-08 954410818  
Date Daytime Phone #

STAPLE CHECK HERE