

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN -2 AM 10:45

DOCUMENT # A06373

1. Entity Name
 MUSSALLEM INVESTMENTS, LTD.



Principal Place of Business
 5801 PHILIPS HIGHWAY
 JACKSONVILLE, FL 32216

Mailing Address
 5801 PHILIPS HIGHWAY
 JACKSONVILLE, FL 32216

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

04282008

Chg-LP

CR2E003 (12/06)

4. FEI Number
 93-6126583

Applied For
 Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUSSALLEM, CHARLES S./JR.
 5801 PHILIPS HIGHWAY
 JACKSONVILLE, FL 32216

Name Charles S. Mussallem III

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

5801 Philips Highway

City Jacksonville

FL

Zip Code 32216

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.

4/29/08

DATE

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

600131004036
 06/09/08--01002--021 **508.75

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 #
 NAME Charles S. Mussaleem, III
 STREET ADDRESS 5801 Philips Hwy.
 CITY-ST-ZIP Jacksonville, FL 32216

STREET ADDRESS

CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

BLT

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

4/29/08 (904)739-1551

DATE

DAYTIME PHONE #

STAPLE CHECK HERE