


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

08 JUN -2 AM 10:45

<b>DOCUMENT # A06373</b> 1. Entity Name MUSSALLEM INVESTMENTS, LTD.	
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Principal Place of Business 5801 PHILIPS HIGHWAY JACKSONVILLE, FL 32216	Mailing Address 5801 PHILIPS HIGHWAY JACKSONVILLE, FL 32216
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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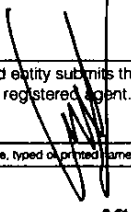
City & State	City & State	4. FEI Number 93-6126583	Applied For Not Applicable
Zip	Country	Zip	Country



04282008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent MUSSALLEM, CHARLES S./JR. 5801 PHILIPS HIGHWAY JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name <u>Charles S. Mussallem III</u> Street Address (P.O. Box Number is Not Acceptable) <u>5801 Philips Highway</u> City <u>Jacksonville</u> , <u>FL</u> Zip Code <u>32216</u>	
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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: 4/29/08

**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	
DOCUMENT #	<u>Charles S. Mussalem, III</u>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<u>Jacksonville, FL 32216</u>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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CITY-ST-ZIP	

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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:  DATE: 4/29/08 (904) 739-1551