2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED Apr 21, 2008 08:00 A Secretary of State

	1. Entity Name	MENT # A06738 OCIATES, LTD.	•					Secr	etary of S
Suite. Apt. #, etc. Suite. Apt. #, etc.	703 WATERFOI STE. 800	RD WAY	703 WATERFORD WAY Ste. 800	1	1		EN NOOLL THEN EN ELLING T	BII BITII BERK BIB	II BIBII BIRII BIBIIDII BI BBDI
City & State Country Country Country Country Sp. 1883350 A FEI Number Sp. 2883350 Secreticates of Status Desired Face Requirement Face Requirement Face Requirement Face Requirement For Applied Fire Norme Norme Norme Norme Norme Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar wirth, and active obligations of registered agent, or both, in the State of Florids. I am familiar wirth, and active obligations of registered agent, or both, in the State of Florids. I am familiar wirth, and active obligations of registered agent, or both, in the State of Florids. I am familiar wirth, and active obligations of registered agent, or both, in the State of Florids. I am familiar wirth, and active obligations of registered agent, or both, in the State of Florids. I am familiar wirth, and active obligations of registered agent, or both, in the State of Florids. I am familiar wirth, and active of registered agent, or both, in the State of Florids. I am familiar wirth, and active of registered agent, or both, in the State of Florids. I am familiar wirth, and active of registered agent, or both, in the State of Florids. I am familiar wirth, and active of registered agent, or both, in the State of Florids. I am familiar wirth, and active of registered agent, or both, in the State of Florids. I am familiar wirth, and active of registered agent, or both, in the State of Florids. FILE NOWILL Florids State of Florids. ADDRESS CHANGES OTH-ST-2P DODINARY MACE STREET ADDRESS OTH-ST-2P DODINARY ADDRESS CHANGES OTH-ST-2P DODINARY ADDRESS CHANGES OTH-ST-2P DODINARY ADDRESS CHANGES OTH-ST-2P DODINARY ADDRESS CHANGES OTH-ST-2P DODINARY ADDRE	2. Principal Place of Business - No P.O. Box * 3. Mailing Address								
Specificate of Status Desired Status	Suite, Apt. #,	, elc.	Suite, Apt. #, etc.		040	92008	Chg-LP	CR2E0	03 (12/06)
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name PITTS, W. DOUGLAS 703 WATERFORD WAY STE 800 MIAMM, FL 33126 City FL Zo Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both in the State of Riords. I am familiar with, and ac the obligations of registered agent, or both in the State of Riords. I am familiar with, and ac not obligations of registered agent, or both in the State of Riords. I am familiar with, and ac not obligations of registered agent, or both in the State of Riords. I am familiar with, and ac not obligations of registered agent, or both in the State of Riords. I am familiar with, and ac not obligations of registered agent, or both in the State of Riords. I am familiar with, and ac not obligations of registered agent, or both in the State of Riords. I am familiar with, and ac not obligations of registered agent, or both in the State of Riords. I am familiar with, and ac not obligations of registered agent, or both in the State of Riords. I am familiar with, and ac not obligations of registered agent, or both in the State of Riords. INTERPLATED TO THE STATE OF THE AGENCY OF THE STATE OF THE AGENCY OF THE AGE	City & State		City & State		1		50		Applied For Not Applicabl
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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 informal 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 partner.				CITY-ST-ZIP					
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