


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A07000000246 1. Entity Name CAMPUS SUITES INVESTMENTS, LLLP	
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FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 2:47

Principal Place of Business 1142 KELTON AVENUE OCOE, FL 34761	Mailing Address 1142 KELTON AVENUE OCOE, FL 34761
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1090 Don Mills Rd
Suite, Apt. #, etc.	Suite 600
City & State	City & State Toronto ON
Zip	Country m3c 3r6 Canada

02192008 Chg-LP CR2E003 (12/06)

4. FEI Number	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LANAG, THOMAS F 1142 KELTON AVENUE OCOE, FL 34761	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000059738	STREET ADDRESS	
NAME	CAMPUS SUITES, LLC	CITY-ST-ZIP	
STREET ADDRESS	1142 KELTON AVENUE		
CITY-ST-ZIP	OCOE, FL 34761		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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 03/21/08--01007--007 **500.00

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

02/21/08

Date Daytime Phone #

STAPLE CHECK HERE