


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 3:01

DOCUMENT # A07000000362 1. Entity Name HENDRY HILLS ASSOCIATES LIMITED PARTNERSHIP	
--	---

Principal Place of Business 21 EAST LONG LAKE ROAD, STE. 100 BLOOMFIELD HILLS, MI 48304	Mailing Address 21 EAST LONG LAKE ROAD, STE. 100 BLOOMFIELD HILLS, MI 48304
---	---

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



01242008 Chg-LP CR2E003 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
---------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>


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 / NAME STREET ADDRESS CITY-ST-ZIP P06000046135 HENDRY HILLS, INC. 800 SEAGATE DRIVE, STE. 302 NAPLES, FL 34103	STREET ADDRESS CITY-ST-ZIP
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 	STREET ADDRESS CITY-ST-ZIP
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 	STREET ADDRESS CITY-ST-ZIP
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 	STREET ADDRESS CITY-ST-ZIP
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 	STREET ADDRESS CITY-ST-ZIP
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 	STREET ADDRESS CITY-ST-ZIP

100127236971
 04/30/08--01008--021 **500.00

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:  2/14/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date	Daytime Phone #
---	------	-----------------