


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

<b>DOCUMENT # A07000000453</b>	
1. Entity Name RANDOLPH STATION ASSOCIATES, LTD.	

Principal Place of Business 4707 N.W. 53RD AVENUE, STE A GAINESVILLE, FL 32606	Mailing Address 4707 N.W. 53RD AVENUE, STE A GAINESVILLE, FL 32606
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED  
08 MAR 19 AM 7:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03182008	Chg-LP	CR2E003 (12/06)
4. FEI Number	Applied For Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130	

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 \_\_\_\_\_  
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**

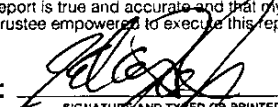
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P07000032655
NAME	RANDOLPH STATION PARTNES, INC.
STREET ADDRESS	4707 N.W. 53RD AVENUE, STE A
CITY-ST-ZIP	GAINESVILLE, FL 32606
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	300121429203
STREET ADDRESS	03/27/08--01007--025 **\$50.00
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: 03/18/08 TIME: 352-377-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER