


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008


FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 APR 15 PM 12:19

DOCUMENT # A07000000680	
1. Entity Name SAHAR LP	

Principal Place of Business % VISION ASSET MANAGEMENT INC. 3900 PEMBROKE ROAD HOLLYWOOD, FL 33021	Mailing Address % VISION ASSET MANAGEMENT INC. 3900 PEMBROKE ROAD HOLLYWOOD, FL 33021
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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

		
03312008	Chg-LP	CR2E003 (12/06)
4. FEI Number 20-8893824	Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SASSON, MONICA % VISION ASSET MANAGEMENT INC. 3900 PEMBROKE ROAD HOLLYWOOD, FL 33021	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	SASSON, MONICA	STREET ADDRESS	
NAME	3900 PEMBROKE ROAD	CITY-ST-ZIP	
STREET ADDRESS	HOLLYWOOD, FL 33021		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400123498474
NAME		CITY-ST-ZIP	04/15/08--01009--012 **500.00
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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: Monica Sasson 3/31/08 954-272-3271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #