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

SIGNATURE: ) Utt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## FILED Jan 31, 2008 08:00 Al **DOCUMENT # A07000000697 Secretary of State** CYGNUSON LIMITED PARTNERSHIP Principal Place of Business Mailing Address 1801 N. MILITARY TRAIL, SUITE 200 1801 N. MILITARY TRAIL, SUITE 200 ATTN: PAUL E. ROMAN ATTN: PAUL E. ROMAN BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite. Apt. #, etc. 01102008 CR2E003 (12/06) City & State 4. FEI Number 26-0207729 City & State Applied For Not Applicable Ζıp Country Ζφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HRAWG CORP Street Address (P.O. Box Number is Not Acceptable) 1801 N. MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431 Zip Code FL 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, typed or printed name of registered agent and title if applicable, DATE 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 ADDRESS CHANGES ONLY L07000051899 OOCUMENT ₹ STREET ADDRESS NAME CYGNUSON, LLC STREET ADDRESS 1801 N. MILITARY TRAIL, SUITE 200 CITY-SI-ZIP CITY-ST-ZIP BOCA RATON, FL 33431 DOCUMENT # U00000209667 <del>02/08/08-80031-014-500.00</del> STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-S1-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY+ST-ZIP CITY - ST- ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP 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.

Daytime Phone #

Date