

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY 12 PM 4:31

<b>DOCUMENT # A07000000718</b> 1. Entity Name <b>MANSUR FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>4365 HIELD ROAD</b> <b>PALM BAY, FL 32907</b>	Mailing Address <b>4365 HIELD ROAD</b> <b>PALM BAY, FL 32907</b>
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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	Zip Country



02102008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent  <b>ASARCH, STEVEN J ESQUIRE</b> <b>1900 N.W. CORPORATE BOULEVARD, SUITE 400 E</b> <b>BOCA RATON, FL 33431</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float:right">FL</span> 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 # NAME STREET ADDRESS CITY-ST-ZIP <b>P07000051331</b> <b>MANSUR FAMILY ENTERPRISES, INC.</b> <b>4365 HIELD ROAD</b> <b>PALM BAY, FL 32907</b>	STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP

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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:** John W MANSUR 9/28/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #