

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000000758

**FILED**  
**Apr 16, 2008**  
**Secretary of State**

**Entity Name:** DOCKIE'S DONE LIMITED PARTNERSHIP

**Current Principal Place of Business:**

880 NW 13TH STREET  
1B  
BOCA RATON, FL 33486 US

**New Principal Place of Business:**

**Current Mailing Address:**

880 NW 13TH STREET  
1B  
BOCA RATON, FL 33486 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KARL, MITCHELL M. D.  
880NW 13TH STREET  
1B  
BOCA RATON, FL 33486 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: L07000060940  
Name: DOCKIE'S DONE, LLC  
Address: 880 NW 13TH STREET, SUITE 1B  
City-St-Zip: BOCA RATON, FL 33486 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MITCHELL KARL

DR.

04/16/2008

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date