


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # A07000000810 1. Entity Name STRATVEST, LLLP					
Principal Place of Business 1700 SOUTH MACDILL AVE. SUITE 340 TAMPA, FL 33629			Mailing Address 1700 SOUTH MACDILL AVE. SUITE 340 TAMPA, FL 33629		
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 	4. FEI Number 	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOBACK, DAVID 1700 SOUTH MACDILL AVE. SUITE 340 TAMPA, FL 33629			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>				U000000915442 05/09/08-80065-013 500.00	
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	L07000064841 STRATVEST ADVISORS MGP, LLC 1700 SOUTH MACDILL AVE. SUITE 340 TAMPA, FL 33629		STREET ADDRESS CITY-ST-ZIP	 	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L07000064843 GENVEST SGP, LLC 1700 SOUTH MACDILL AVE. SUITE 340 TAMPA, FL 33629		STREET ADDRESS CITY-ST-ZIP	 	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 		STREET ADDRESS CITY-ST-ZIP	 	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 		STREET ADDRESS CITY-ST-ZIP	 	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 		STREET ADDRESS CITY-ST-ZIP	 	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 		STREET ADDRESS 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					
SIGNATURE: <i>Treedy A Sth</i> <i>Treedy A Sth</i>			Date <i>4/18/08</i> Daytime Phone # <i>813-258-1748</i>		

STAPLE CHECK HERE