


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 FEB 19 PM 4:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

| | |
|---|---|
| DOCUMENT # A07000000872 |  |
| 1. Entity Name DADITCH PARTNERS, LTD. | |

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|---|--|
| Principal Place of Business 135 PROFESSIONAL DRIVE, SUITE 101 PONTE VEDRA BEACH, FL 32082 | Mailing Address P.O. BOX 449 PONTE VEDRA BEACH, FL 32004 |
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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 |
|-----|---------|-----|---------|



01242008 Chg-LP CR2E003 (12/06)

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|---------------|--|
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
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| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|---|---|
| 6. Name and Address of Current Registered Agent DAHL, WILLIAM 135 PROFESSIONAL DRIVE, SUITE 101 PONTE VEDRA BEACH, FL 32082 | 7. Name and Address of New Registered Agent 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 # | DAHL, WILLIAM L | STREET ADDRESS | 100117365321 02/13/08--01029--013 **500.00 |
| NAME | PO BOX 449 | CITY-ST-ZIP | |
| STREET ADDRESS | PONTE VEDRA BEACH, FL 32004 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| NAME | | 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:  **William L. Dahl**

- 2/5/08

904-394-5242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE