
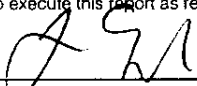


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

2008 APR -9 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A07000000909			
1. Entity Name GRABEL INVESTMENTS, LLLP			
Principal Place of Business 1411 NORTH FLAGLER DRIVE, SUITE 5900 WEST PALM BEACH, FL 33401		Mailing Address 1411 NORTH FLAGLER DRIVE, SUITE 5900 WEST PALM BEACH, FL 33401	
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 26-0676646	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRABEL, JORDAN C 1411 NORTH FLAGLER DRIVE, SUITE 5900 WEST PALM BEACH, FL 33401		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 #	GRABEL, JORDAN C	STREET ADDRESS	
NAME	1411 NORTH FLAGLER DRIVE, SUITE 5900	CITY-ST-ZIP	500122044705
STREET ADDRESS	WEST PALM BEACH, FL 33401		04/03/08--01034--022 **508.75
CITY-ST-ZIP			
DOCUMENT #	GRABEL, VICTORIA A	STREET ADDRESS	
NAME	1411 NORTH FLAGLER DRIVE, SUITE 5900	CITY-ST-ZIP	
STREET ADDRESS	WEST PALM BEACH, FL 33401		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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:  JORDAN C. GRABEL		3-25-08 561-833-6398	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE