


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

|   |         |   |         |
|---|---------|---|---------|
| DOCUMENT # A07000000992   |         |  |         |
| 1. Entity Name<br>P.A. SMITH INVESTMENT GROUP, LTD.                     |         |   |         |
| Principal Place of Business<br>8101 S.W. 66TH TERRACE<br>MIAMI FL 33143 |         | Mailing Address<br>8101 S.W. 66TH TERRACE<br>MIAMI FL 33143                       |         |
| 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 |

**FILED**

08 FEB 19 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1st MOORE CR2E003 (10/07)

4. FEI Number  
**26-0792373**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><br>HASNER, MARK MESQ<br>ONE S.E. 3RD AVE.<br>SUITE 2950<br>MIAMI FL 33131 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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.

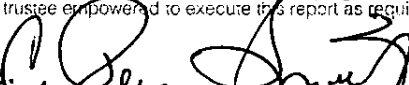
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and individual applicant

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #                      | P.A. SMITH INVESTMENT, LLC | STREET ADDRESS           |  |
| NAME                            | 8101 S.W. 66TH TERRACE     | CITY-ST-ZIP              | 500118555535<br>02/21/08--01038--003 ***500.00 |
| STREET ADDRESS                  | MIAMI FL 33143             |                          |  |
| CITY-ST-ZIP                     |                            | STREET ADDRESS           |  |
|                                 |                            | CITY-ST-ZIP              |  |
| DOCUMENT #                      |                            | STREET ADDRESS           |  |
| NAME                            |                            | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                            |                          |  |
| CITY-ST-ZIP                     |                            | STREET ADDRESS           |  |
|                                 |                            | CITY-ST-ZIP              |  |
| DOCUMENT #                      |                            | STREET ADDRESS           |  |
| NAME                            |                            | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                            |                          |  |
| CITY-ST-ZIP                     |                            | STREET ADDRESS           |  |
|                                 |                            | CITY-ST-ZIP              |  |
| DOCUMENT #                      |                            | STREET ADDRESS           |  |
| NAME                            |                            | CITY-ST-ZIP              |  |
| 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  Calvin Perry Smith 2/2/08 305-261-093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Davine Phone

STAPLE CHECK HERE