


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

08 JUN -2 PM 1:07

DOCUMENT # A07000001035	
1. Entity Name 315 BIRCH, LP	

Principal Place of Business 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134	Mailing Address 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134
---	---

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

04292008 Chg-LP CR2E003 (12/06)

4. FEI Number  
26-0832480

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

6. Name and Address of Current Registered Agent

FIELDSTONE LESTER SHEAR & DENBERG, LLP  
 201 ALHAMBRA CIRCLE, SUITE 601  
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name Gordon Deckelbaum  
 Street Address (P.O. Box Number is Not Acceptable)  
 3201 W. Griffin Road Ste. 106  
 City Dania Beach FL Zip Code 33312

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

400131002314  
 06/09/08--01002--003 \*\*500.00

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 #	L07000090293	STREET ADDRESS	3201 W. Griffin Road, Ste. 106
NAME	315 BRICH, LLC	CITY - ST - ZIP	Dania Bch., FL 33312
STREET ADDRESS	201 ALHAMBRA CIRCLE, SUITE 601		
CITY - ST - ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	BLT
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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: Gordon Deckelbaum 4/29/08 954-965-3636

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

STAPLE CHECK HERE