


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008**

DOCUMENT # A07000001077	
1. Entity Name LADS PARTNERS, LP	

Principal Place of Business 703 NATHAN HALE DRIVE NAPLES, FL 34108	Mailing Address 703 NATHAN HALE DRIVE NAPLES, FL 34108
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 160 WINTERS ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State BUTLER PA	4. FEI Number 26-0869281	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip 16002	Country USA

07082008 Chg-LP CR2E003 (12/06)

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

6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100 TAMPA, FL 33612-3425	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
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	DICKSON, FRANK C II	STREET ADDRESS	200134670612
NAME	703 NATHAN HALE DRIVE	CITY-ST-ZIP	08/20/08--01032--003 **500.00
STREET ADDRESS	NAPLES, FL 34108		
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: Frank C Dickson, II Aug 11, 2008 724 2872053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED

08 AUG 26 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE