

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 1:08

DOCUMENT # A07000001267

1. Entity Name
 SZDM INVESTMENTS, LLLP



Principal Place of Business
 2121 PONCE DE LEON BOULEVARD
 SUITE 720
 CORAL GABLES, FL 33134 US

Mailing Address
 2121 PONCE DE LEON BOULEVARD
 SUITE 720
 CORAL GABLES, FL 33134 US



01282008 Chg-LP CR2E003 (12/06)

4. FEI Number
 20-3505351 Applied For
 Not Applicable

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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERLIN, MICHELLE D
 2121 PONCE DE LEON BOULEVARD
 SUITE 720
 CORAL GABLES, FL 33134

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

Signature, typed or printed name of registered agent and the if applicable

DATE

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 # P07000122286
 NAME SZDM MANAGEMENT, INC.
 STREET ADDRESS 2121 PONCE DE LEON BOULEVARD, SUITE 720
 CITY-ST-ZIP CORAL GABLES, FL 33134

STREET ADDRESS Suite 720
 CITY-ST-ZIP
 STREET ADDRESS 300119236923
 CITY-ST-ZIP 03/03/08--01004--003 **500.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/21/08 (305) 4429000

STAPLE CHECK HERE