


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

|   |   |
|---|---|
| <b>DOCUMENT # A07000001272</b><br>1. Entity Name<br>OPA ONE, LTD. |  |
|---|---|

**FILED**

08 FEB 19 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| Principal Place of Business<br>5009 N. HIATUS ROAD<br>SUNRISE, FL 33351 | Mailing Address<br>5009 N. HIATUS ROAD<br>SUNRISE, FL 33351 |
|---|---|



|  |         |                     |         |
|--|---------|---------------------|---------|
| 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 |

02062008    Chg-LP    CR2E003 (12/06)

|               |  |
|---------------|--|
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
|---------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                 |  |
| COOPERMAN, STEVEN J<br>5009 N. HIATUS ROAD<br>SUNRISE, FL 33351 |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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 #                      | P07000124583        | STREET ADDRESS           |  |
| NAME                            | SARITA CORP.        | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | 5009 N. HIATUS ROAD |                          |  |
| CITY-ST-ZIP                     | SUNRISE, FL 33351   |                          |  |
| 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                     |                     |                          |  |
| DOCUMENT #                      |                     | STREET ADDRESS           |  |
| NAME                            |                     | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                     |                          |  |
| CITY-ST-ZIP                     |                     |                          |  |

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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

2/11/08    9545727410  
Date    Daytime Phone #

STAPLE CHECK HERE