


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A07000001355	
1. Entity Name MSW PARTNERS LP, LLLP	

FILED

08 FEB 19 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 60 EAST END AVENUE #21C NEW YORK, NY 10028	Mailing Address C/O MARCIA E. LEVINE, 225 NE MIZNER BLVD. SUITE 300 BOCA RATON, FL 33432
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address C/O MARCIA E. LEVINE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 595 So. Federal Hwy, Ste 600
City & State	City & State Boca Raton, FL 33432
Zip	Zip 33432
Country	Country USA

01312008 Chg-LP CR2E003 (12/06)

4. FEI Number	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LEVINE, MARCIA E 225 NE MIZNER BOULEVARD SUITE 300 BOCA RATON, FL 33432	
7. Name and Address of New Registered Agent Name MARCIA E. LEVINE Street Address (P.O. Box Number is Not Acceptable) 595 SOUTH FEDERAL HWY. SUITE 600 City BOCA RATON FL Zip Code 33432	

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 Marcia E. Levine DATE 2/1/08

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 #	L07000122910	STREET ADDRESS	
NAME	MSW MANAGEMENT, LLC	CITY - ST - ZIP	500118555955 02/21/08--01038--010 **\$500.00
STREET ADDRESS	60 EAST END AVENUE		
CITY - ST - ZIP	NEW YORK, NY 10028		
DOCUMENT #		STREET ADDRESS	
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STAPLE CHECK HERE

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: Marla L. Schaefer DATE 2/1/08 (561)620-3233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MARLA L. SCHAEFER, MANAGING MEMBER