


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

<b>DOCUMENT # A07021</b>					
1. Entity Name <b>SOUTH PACIFIC ENTERPRISES, LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>675 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH FL 33411</b>			Mailing Address <b>675 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH FL 33411</b>		
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	4. FEI Number <b>59-1894668</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**FILED**  
**08 FEB 22 AM 10:11**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent  <b>SANTAMARIA, JESS R 255 PONDEROSA COURT ROYAL PALM BEACH FL 33411</b>		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

*[Signature]*

DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #		STREET ADDRESS	
NAME	<b>SANTAMARIA, JESS R.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>255 PONDEROSA COURT</b>		
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL 33411</b>		
DOCUMENT #		STREET ADDRESS	<b>800119931468</b>
NAME		CITY-ST-ZIP	<b>03/11/08--01010--004 **500.00</b>
STREET ADDRESS			
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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

STAPLE CHECK HERE