

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

DOCUMENT # A07388

1. Entity Name

HIALEAH LAKES PLAZA 123, LTD.



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 20 AM 11:27

Principal Place of Business

C/O DAVID H. ZOBERG  
8367 BIRD ROAD  
MIAMI FL 33155

Mailing Address

C/O DAVID H. ZOBERG  
8367 BIRD ROAD  
MIAMI FL 33155



2. Principal Place of Business - No P.O. Box #

7114 SW 69 COURT

Suite, Apt. #, etc.

MIAMI, FL

City & State

3. Mailing Address

7114 SW 69 COURT

Suite, Apt. #, etc.

MIAMI, FL

City & State

1st MOORE

CR2E003 (10/07)

4. FEI Number

59-1909267

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip 33143

Country USA

Zip 33143

Country USA

6. Name and Address of Current Registered Agent

SHOOTING STAR ENTERPRISES, INC.  
8367 BIRD RD.  
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name SHOOTING STAR ENTERPRISES - INC

Street Address (P.O. Box Number is Not Acceptable)

7114 SW 69 COURT

MIAMI, FL

City

FL

Zip Code 33143

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

*David H. Zoberg, President* DAVID H. ZOBERG, PRES 3/15/08

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

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

DOCUMENT # 610845  
NAME SHOOTING STAR ENTERPRISES, INC.  
STREET ADDRESS 8367 BIRD RD.  
CITY-ST-ZIP MIAMI FL

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

786120816297  
03/20/08--01022--017 \*\*\$500.00

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: *David H. Zoberg, President* DAVID H. ZOBERG, PRES 3/14/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

786-271-5882

STAPLE CHECK HERE