

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # A09026

1. Entity Name
PALMETTO 4 BAY, LTD.



Principal Place of Business
**2020 KING AIR COURT
PORT ORANGE, FL 32128-6931**

Mailing Address
**2020 KING AIR COURT
PORT ORANGE, FL 32128-6931**



02132008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2068923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AUSTEN, PETER T.
2020 KING AIR COURT
DAYTONA BEACH, FL 32128**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

000000831258
02/27/08-80011-010 500.00

**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

DOCUMENT #	
NAME	AMES, RONALD
STREET ADDRESS	5700 W LAKEWORTH RD STE 305
CITY-ST-ZIP	LAKE WORTH, FL 33463
DOCUMENT #	
NAME	AUSTEN, PETER T.
STREET ADDRESS	2020 KING AIR COURT
CITY-ST-ZIP	PORT ORANGE, FL 321286931
DOCUMENT #	
NAME	MIGONE, BRUCE
STREET ADDRESS	7125 N.W. 74TH ST
CITY-ST-ZIP	MIAMI, FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Peter T. AUSTEN, Gen Part 2/14/08 386-761-1882