2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A12062

1. Entity Name

NORTH MARINA PARTNERSHIP, LTD.



FILED Jan 14, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3444 MARINATOWN LANE NORTH FT. MYERS, FL 33903 3444 MARINATOWN LANE NORTH FT. MYERS, FL 33903



01042008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2101211

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLIHAN, THOMAS P 3440 MARINATOWN LANE NORTH FT. MYERS, FL 33903

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GNATURE Signature, typed or pr	inted name of registered agent and title if applicable		DATE	-1.	<u>در</u>
# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	Chapte	@xx(000)	(istaa)	•

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

GENERAL PARTNER INFORMATION DOCUMENT # NAME 1 HOOLIHAN, THOMAS P. STREET ADDRESS 3440 MARINATOWN LANE CITY-ST-ZIP N. FT. MYERS, FL 33903 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

U00000784207 01/16/08-80048-001 500.00

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STREET ADDRESS CITY-ST-ZIP DOCUMENT # 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

NAME

NAME

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP