

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT #A12146

1. Entity Name
MARATHON HOUSING ASSOCIATES, LTD.



Principal Place of Business
**1400 KENNEDY DRIVE
KEY WEST, FL 33040**

Mailing Address
**1400 KENNEDY DRIVE
KEY WEST, FL 33040**

FILED

08 JUL 24 AM 10:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



07102008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3151843

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CASTILLO, J. MANUEL SR.
1400 KENNEDY DR.
KEY WEST, FL 33040**

**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

800133688838

07/23/08--01006--001 **578.75

DATE

**FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

**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 # **743735**
NAME **MONROE COUNTY HOUSING CORPORATION**
STREET ADDRESS **1400 KENNEDY DRIVE**
CITY-ST-ZIP **KEY WEST, FL**

DOCUMENT # **S.421.04,FS**
NAME **MONROE COUNTY HOUSING AUTHORITY**
STREET ADDRESS **SOMBRERO RD.**
CITY-ST-ZIP **MARATHON, FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

7/10/08

305-296-5621

STAPLE CHECK HERE