## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

## **DOCUMENT # A12507** NUZZO & ASSOCIATES, LTD. Principal Place of Business Mailing Address 1351 SW 4TH COURT 1351 SW 4TH COURT BOCA RATON, FL 33432 DO NOT WRITE IN THIS SPACE NUZZO, MARK J. 1351 S.W. 4TH CT. BOCA RATON, FL 33432 8. The above gamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. DOCUMENT # P01000039817 NU BUILDINGS, INC. NAME STREET ADDRESS 1351 SW 4TH COURT

Due By May 1, 2008



**FILED** Mar 17, 2008 08:00 A Secretary of State



BOCA RATON, FL 33432



02042008 No Chg-LP

CR2E003 (12/06)

59-2178275		Not Applicable
5. Certificate of Status Desire	aП	\$8.75 Additional Fee Regulard

6. Name and Address of Current Registered Agent

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent.		,
SiGNATURE Signature, typed or printed name of registered agent and title (Lapplicable.	STAC	_ <del></del>
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE	E REGISTERED AND ACTIVE WITH THIS OFFICE.	

GENERAL PARTNER INFORMATION CITY-ST-ZIP BOCA RATON, FL 33432 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP **DOCUMENT ₹** 

U00000862303 04/03/08-80042-021 500.00

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

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

CITY-ST-ZIP DOCUMENT #

STREET ADDRESS CITY-ST-7IP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

NTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #