

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

DOCUMENT # A13024

1. Entity Name

PLACID ARMS LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 14 AM 11:46

Principal Place of Business

~~140 HUNTLEY DRIVE~~
LAKE PLACID FL 33852

Mailing Address

140 HUNTLEY DRIVE
LAKE PLACID FL 33852

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

108 HIRON DRIVE

3. Mailing Address

3111 PACES MILL RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A250

City & State

LAKE PLACID, FL

City & State

ATLANTA, GA

Zip

53852

Country

Zip

30339

Country

4. FEI Number

59-2283026

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E003 (10/07)



6. Name and Address of Current Registered Agent

ADAMS, SUSAN
4040 NEWBERRY ROAD, SUITE 1000
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 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 # M04000000193
NAME HALLMARK GROUP SERVICES, LLC
STREET ADDRESS 3111 PACES MILL ROAD, SUITE A-250
CITY-ST-ZIP ATLANTA GA 30339

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP 500123067965
04/11/08--01046--003 **508.75

DOCUMENT #
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Mark H. [Signature]

3/18/08

STAPLE CHECK HERE