

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 20, 2008 08:00 AM
Secretary of State

DOCUMENT # A13265

1. Entity Name
ADELPHI LAND ASSOCIATES, LTD.



Principal Place of Business

**4333 N OCEAN BLVD
UNIT BN-3
DELRAY BEACH, FL 33483**

Mailing Address

**P.O. BOX 736
FORT WASHINGTON, PA 19034**



01042008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KARABOTS, NICHOLAS G
4333 N. OCEAN BLVD.
UNIT BN-3
DELRAY BEACH, FL 33483**

**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**

**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	KARABOTS, NICHOLAS G.
STREET ADDRESS	40 SKIPPACK PIKE
CITY- ST- ZIP	FORT WASHINGTON, PA 19034
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000864948
04/07/08-80008-002 500.00

**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: _____

Nicholas G. Karabots

(215) 643-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE