


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # A14955 1. Entity Name CAMBRIDGE SQUARE OF HOLLYWOOD ASSOCIATES, A LIMITED PARTNERSHIP	
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Principal Place of Business 8425 WOODFIELD CROSSING BLVD SUITE 300W INDIANAPOLIS, IN 46240	Mailing Address PO BOX 40177 INDIANAPOLIS, IN 46240
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DO NOT WRITE IN THIS SPACE



04162008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 35-1571183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KARNS, LARRY A 7332 NW FIFTH ST PLANTATION, FL 33317
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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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 STREET ADDRESS CITY-ST-ZIP	SMITH, ANITA S 7521 DEAN RD INDIANAPOLIS, IN 46240
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BISESI, JAMES T 8617 SEAWARD LANE INDIANAPOLIS, IN 46256
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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<p>000000913/06 05/08/08-80027-006 500.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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
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SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	James T. Bisesi <small>Date</small>	317-469-0400 <small>Daytime Phone #</small>
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STAPLE CHECK HERE