


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT #A16791		
1. Entity Name ORLANDO TRANSPORTATION, LTD.		

FILED

2008 APR 29 P 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 221 W. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311	Mailing Address P.O. BOX 950 FORT LAUDERDALE, FL 33302-0950
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04012008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2397891	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BATTLE, SAMUEL F 221 W. OAKLAND PARK BLVD. FT LAUDERDALE, FL 33311	

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	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000087437	STREET ADDRESS	
NAME	CAPITAL TRANSPORTATION, INC.	CITY-ST-ZIP	400126703334 04/29/08--01012--001 **500.00
STREET ADDRESS	221 W. OAKLAND PARK BLVD.	STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK, FL 333111757	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 	JESSE P. GADDIS	4/14/08 (954) 565-8900
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STAPLE CHECK HERE