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

**FILED**
**Feb 06, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # A17741

1. Entity Name

SPRING HILL ASSOCIATES, LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| 21170 N.E. 22ND COURT<br>MIAMI FL 33180 | 21170 N.E. 22ND COURT<br>MIAMI FL 33180 |

1st MOORE CR2E003 (10/07)

| 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 |

4. FEI Number 59-2459738 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ROSEN, LAWRENCE N<br>21170 N.E. 22ND COURT<br>MIAMI FL 33180 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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
(If changed, typed or printed name of registered agent and title if applicable)

**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 | | 13. ADDRESS CHANGES ONLY | |
|---|---|---|---|
| DOCUMENT # | | STREET ADDRESS | |
| NAME | LOPATE, JOEL L | CITY-ST-ZIP | |
| STREET ADDRESS | 11000 S.W. 64TH AVENUE | | |
| CITY-ST-ZIP | MIAMI FL | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | LORBER, EZRA | CITY-ST-ZIP | |
| STREET ADDRESS | 2125 N.E. 187TH STREET | | |
| CITY-ST-ZIP | NORTH MIAMI BCH FL | | |
| DOCUMENT # | | STREET ADDRESS | U00000018594<br>02/15/08-80050-020 500.00 |
| NAME | ROLLNICK, NEIL STEVEN | CITY-ST-ZIP | |
| STREET ADDRESS | 6545 SW 100 ST | | |
| CITY-ST-ZIP | MIAMI FL | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | ROSEN, LAWRENCE N | CITY-ST-ZIP | |
| STREET ADDRESS | 21170 NE 22 CT | | |
| CITY-ST-ZIP | NORTH MIAMI BCH FL | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

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:** Lawrence N. Rosen 2-1-08 (954)454-2443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #