

**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 21170 N.E. 22ND COURT MIAMI FL 33180	Mailing Address 21170 N.E. 22ND COURT MIAMI FL 33180
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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

4. FEI Number 59-2459738		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	
ROSEN, LAWRENCE N 21170 N.E. 22ND COURT MIAMI FL 33180	

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 _____

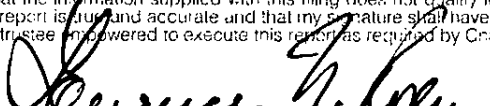
FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	NAME	STREET ADDRESS	
NAME	LOPATE, JOEL L	CITY-ST-ZIP	
STREET ADDRESS	11000 S.W. 64TH AVENUE		
CITY-ST-ZIP	MIAMI FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LORBER, EZRA	CITY-ST-ZIP	
STREET ADDRESS	2125 N.E. 187TH STREET		
CITY-ST-ZIP	NORTH MIAMI BCH FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ROLLNICK, NEIL STEVEN	CITY-ST-ZIP	
STREET ADDRESS	6545 SW 100 ST		
CITY-ST-ZIP	MIAMI FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ROSEN, LAWRENCE N	CITY-ST-ZIP	
STREET ADDRESS	21170 NE 22 CT		
CITY-ST-ZIP	NORTH MIAMI BCH FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

UG00000819594
02/15/08-80050-020 500.00

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: 	2-1-08 (954) 454-2443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	

STAPLE CHECK HERE