

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

DOCUMENT # A18757		
1. Entity Name TAMPA EASTSHORE, LTD.		

Principal Place of Business 3505 E. FRONTAGE RD. #115 TAMPA FL 33607-7007	Mailing Address 3505 E. FRONTAGE RD. #115 TAMPA FL 33607-7007
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 10499
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa FL	City & State Tampa FL
Zip 33679-0499	Country USA

6. Name and Address of Current Registered Agent IRVING, PETER 3505 E. FRONTAGE RD, #115 TAMPA FL 33609-3415	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

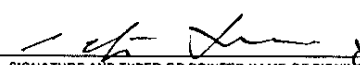
SIGNATURE _____ DATE _____

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	
STREET ADDRESS	BAXTER, GEORGE J.		
CITY-ST-ZIP	4963 BACOPA LN SO. APT 803 ST PETERSBURG FL 33715	CITY-ST-ZIP	500122042075 04/03/08--01034--011 **500.00
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	IRVING, PETER		
CITY-ST-ZIP	14900 GULF BLVD. #402 MADEIRA BCH. FL	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	TAUB, THEODORE C.		
CITY-ST-ZIP	4937 LYFORD CAY RD TAMPA, FL	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
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DOCUMENT #	NAME	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:  **Gen. Ptn.** **3/18/08** **813-282-1873**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DAYTIME PHONE #

FILED
2008 APR -9 PM 12:37
SECRETARY OF STATE
TAMPA, FLORIDA

1st MOORE CR2E003 (10/07)

4. FEI Number 59-2471763 Applied For Not Applicable

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

STAPLE CHECK HERE