


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # A18793 1. Entity Name PALM BROOK APARTMENTS, LTD.	
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Principal Place of Business % LANDMARK MANAGEMENT COMPANY P.O. BOX 99564 LOUISVILLE, KY 40269-0564	Mailing Address % LANDMARK MANAGEMENT COMPANY P.O. BOX 99564 LOUISVILLE, KY 40269-0564
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02052008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 61-1056768	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SILBERMANN, GALE ESQUIRE 1150 CLEVELAND ST., SUITE 300 CLEARWATER, FL 33755
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	HARDING, NEAL
STREET ADDRESS	2509 PLANTSIDE DR.
CITY - ST - ZIP	LOUISVILLE, KY 40299
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000838822
03/05/08-80046-008 508.75

**DO NOT WRITE
IN THIS SPACE**

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: Neal Harding **NEAL HARDING** 2/12/08 502-499-9991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #