


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**


FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:49

<b>DOCUMENT # A21862</b> 1. Entity Name NATIONAL MARKETPLACE ASSOCIATES, LTD.	
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Principal Place of Business 6111 BROKEN SOUND PARKWAY NW, SUITE 350 BOCA RATON, FL 33487	Mailing Address 6111 BROKEN SOUND PARKWAY NW, SUITE 350 BOCA RATON, FL 33487
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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04242008 Chg-LP	CR2E003 (12/06)
4. FEI Number 59-2685988	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CROWE, MELISSA 611 BROKEN SOUND PKWY, NW SUITE 350 BOCA RATON, FL 33487	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>	

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F95000006171 FLA UNITED, A MICHIGAN CORPORATION C/O 7777 GLADES ROAD, SUITE 201 BOCA RATON, FL 33434	STREET ADDRESS CITY-ST-ZIP	6111 Broken Sound Pkwy NW, Suite 350 Boca Raton, FL 33487
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	800129574548 05/15/08--01007--001 **500.00
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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

STAPLE CHECK HERE

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Melissa Crowe 4/25/08 (561)988-1982 Date Daytime Phone #
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