


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

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

**DOCUMENT # A22903**  
 1. Entity Name  
**CALIFORNIA CLUB MALL SHOPPING CENTER, LTD.**



Principal Place of Business 17100 COLLINS AVE SUITE 225 SUNNY ISLES BEACH, FL 33160	Mailing Address 17100 COLLINS AVE SUITE 225 SUNNY ISLES BEACH, FL 33160
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**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-2701538</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**KATZ, RAANAN**  
 17100 COLLINS AE  
 SUITE 225  
 SUNNY ISLES BEACH, FL 33160

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

000000930635  
 02/18/08 80025 024 500.00  
DATE

**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 STREET ADDRESS CITY-ST-ZIP	M35096 CALIFORNIA CLUB SHOPPINGCENTER, INC. 17100 COLLINS AVE #225 SUNNY ISLES BCH, FL
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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

**SIGNATURE:** \_\_\_\_\_ **David Katz** **2-1-08** **781-320-0001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE