



2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 21 PM 3:51

DOCUMENT # A23356 1. Entity Name CONTINENTAL FLORIDA PARTNERS, LTD.					
Principal Place of Business 2255 GLADES ROAD, SUITE 223A BOCA RATON, FL 33431			Mailing Address 2255 GLADES ROAD, SUITE 223A BOCA RATON, FL 33431		
2. Principal Place of Business, No P.O. Box # 2255 GLADES ROAD		3. Mailing Address 2255 GLADES ROAD			
Suite, Apt. #, etc. SUITE 234 WEST		Suite, Apt. #, etc. SUITE 234 WEST			
City & State BOCA RATON FL		City & State BOCA RATON FL			
Zip 33431		Country USA		4. FEI Number 13-3379921	
Zip 33431		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TUPPENCE MANAGEMENT CORPORATION 2255 GLADES ROAD, 223A BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street address (P.O. Box Number is Not Acceptable) 2255 GLADES ROAD SUITE 234 WEST BOCA RATON FL 33431	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				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			13. ADDRESS CHANGES ONLY		
DOCUMENT # J35355 NAME CONTINENTAL FL. RLTY. CORP STREET ADDRESS 2255 GLADES RD. #223A CITY-ST-ZIP BOCA RATON, FL 33431			STREET ADDRESS 2255 GLADES ROAD, SUITE 234 WEST CITY-ST-ZIP BOCA RATON FL 33431		
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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 the same under Chapter 220, Florida Statutes.					
BY: CONTINENTAL FLORIDA REALTY CORP., G.P. SIGNATURE: [Signature]					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date 4/10/08 Daytime Phone # _____					

STAPLE CHECK HERE