


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

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A23433**  
 1. Entity Name  
 1271 BLOCK, A LIMITED PARTNERSHIP



Principal Place of Business  
 C/O HAROLD SORENS  
 14425 STRATHMORE LANE STE. #802  
 DELRAY BEACH, FL 33446

Mailing Address  
 C/O HAROLD SORENS  
 14425 STRATHMORE LANE STE. #802  
 DELRAY BEACH, FL 33446



01132008 No Chg-LP CR2E003 (12/06)

4. FEI Number 22-2338972	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 SORENS, HAROLD  
 14425 STRATHMORE LANE SUITE 802  
 DELRAY BEACH, FL 33446

**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**

U00000897846  
 04/25/08 80064 006 500.00

**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	SORENS, HAROLD 14425 STRATHMORE LN.#802 DELRAY BEACH, FL
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**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: Harold Sorens HAROLD SORENS 4/14/08 561-495-9004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #