

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 FEB -8 PM 3:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01252008 Chg-LP CR2E003 (12/06)

DOCUMENT #A23831	
1. Entity Name LAUDERDALE INVESTMENTS, A CALIFORNIA LIMITED PARTNERSHIP	



Principal Place of Business 850 SW MARTIN DOWNS BL. PALM CITY, FL 34990	Mailing Address P.O. BOX 359 STUART, FL 34995
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 95-4078701	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
GARRIS, STANLEY R 850 SW MARTIN DOWNS BL. PALM CITY, FL 34990

7. Name and Address of New Registered Agent
Name <u>Christopher Garris</u>
Street Address (P.O. Box Number is Not Acceptable) <u>850 SW Martin Downs Blvd.</u>
City <u>Palm City</u> <u>FL</u> Zip Code <u>34990</u>

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 <u>[Signature]</u> <small>Signature of signed or printed name of registered agent and title if applicable</small>	<u>Christopher Garris</u> <u>1/25/08</u> <small>DATE</small>

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 #	GARRIS, STANLEY R	STREET ADDRESS	200118073002 02/14/08--01045--025 **500.00
NAME	850 SW MARTIN DOWNS BLVD	CITY-ST-ZIP	
STREET ADDRESS	PALM CITY, FL 34990	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<u>Christopher Garris</u> <u>1/25/08</u> <u>772-287-1844</u> <small>Date Daytime Phone #</small>

STAPLE CHECK HERE