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

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # A23908**

1. Entity Name IROQUOIS PROPERTIES, LTD.



FILED Jan 24, 2008 08:00 AN Secretary of State

Principal Place of Business

766 ELDORADO AVENUE CLEARWATER, FL 33767 Mailing Address

766 ELDORADO AVENUE CLEARWATER, FL 33767



01062008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2748487

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANNAS, STEVE J. 766 ELDORADO AVENUE CLEARWATER, FL 33767

## DO NOT WRITE IN THIS SPACE

|   | (12.11, 12. 6676)   | 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 it applicable.   |   |                           |
|   | FILE NOW!!! FEE IS \$500.00<br>After May 1, 2008, Fee will be \$900.0 | 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  | ANNAS, STEVE J.<br>766 ELDORADO AVENUE                                | U00000796186              |
| CITY+ST-7IP   | CLEARWATER, FL 33767  | 01/29/08-80022-024 500.00 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  |   |                           |
| DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP  | •   | DO NOT WRITE              |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  |   | IN THIS SPACE             |
| DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                           |
| DOCUMENT #  |   |                           |

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:

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING GENERAL PARTNER

1-23-08

727 461-7549

Daytime Phone #