


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 15 PM 3:00

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| DOCUMENT # A24541 |  |
| 1. Entity Name SUN COVE ASSOCIATES, LTD. | |

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| Principal Place of Business 1909 TYLER STREET SUITE 500 HOLLYWOOD, FL 33020 | Mailing Address 1909 TYLER STREET SUITE 500 HOLLYWOOD, FL 33020 |
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| 2. Principal Place of Business - No P.O. Box # 1909 TYLER ST. Suite, Apt. #, etc. # 503 | 3. Mailing Address 1909 TYLER ST. Suite, Apt. #, etc. # 503 |
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05012008 Chg-LP CR2E003 (12/06)

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| City & State HOLLYWOOD, FL | City & State HOLLYWOOD, FL |
| Zip 33020 | Zip 33020 |

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-2046596 | Applied For Not Applicable |
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| 6. Name and Address of Current Registered Agent KNOBEL, MARK R 1110 N.E. 169TH TERRACE N MIAMI BEACH, FL 33162 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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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

500129202245
 05/13/08--01017--012 **558.75

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 # | KNOBEL PRIVATE SCHOOLS, INC. 1909 TYLER STREET HOLLYWOOD, FL 33020 | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | STREET ADDRESS | |
| DOCUMENT # | | CITY - ST - ZIP | |
| NAME | | STREET ADDRESS | |
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| STREET ADDRESS | | CITY - ST - ZIP | |
| CITY - ST - ZIP | | STREET ADDRESS | |

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:  DATE: 4/28/08 DAYTIME PHONE #: 954.929.0115