


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:46

DOCUMENT # A25343 1. Entity Name FLORIDA HOUSING GROUP, LTD	
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Principal Place of Business 1508 SAN IGNACIO AVE., SUITE 150 CORAL GABLES, FL 33146	Mailing Address 1508 SAN IGNACIO AVE., SUITE 150 CORAL GABLES, FL 33146
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2. Principal Place of Business - No P.O. Box # 2650 SW 27 Ave Suite, Apt. #, etc. Suite 300	3. Mailing Address P.O. Box 330218 Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL
Zip 33133	Country US



02292008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0038431	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 STARKMAN, MARK R 1500 SAN REMO AVE., #125 CORAL GABLES, FL 33146	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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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

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 # NAME STREET ADDRESS CITY-ST-ZIP	4 HERNANDEZ, MAURO 5617 NW. 7TH STREET MIAMI, FL 33126	STREET ADDRESS CITY-ST-ZIP	200127242232 04/30/08--01010--025 **500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WOLFSON, BERNARD 2800 SW 28TH TERRACE MIAMI, FL 33133	STREET ADDRESS CITY-ST-ZIP	
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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 this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  4/24/08 305-446-0852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

STAPLE CHECK HERE