


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

**FILED**  
**Apr 04, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT #A25434</b> 1. Entity Name <b>WASHINGTON CENTER LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>% STREAMLINE DEVELOPMENT CORP. 1125 WASHINGTON AVE. MIAMI BEACH, FL 33139</b>	Mailing Address <b>% STREAMLINE DEVELOPMENT CORP. 1125 WASHINGTON AVE. MIAMI BEACH, FL 33139</b>
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03312008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0034991**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SAUL GROSS  
1125 WASHINGTON AVE.  
MIAMI BEACH, FL 33139**

**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

Signature, typed or printed name of registered agent and title if applicable

U000000881985  
04/16/08-80022-017 500.00

DATE

**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

DOCUMENT #	
NAME	<b>GROSS, SAUL K</b>
STREET ADDRESS	<b>1125 WASHINGTON AVE.</b>
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/1/08

Date

305-532-7368

Daytime Phone #

STAPLE CHECK HERE