


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A25439 1. Entity Name CASA MARINA LTD.	
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Principal Place of Business 6000 EXECUTIVE BLVD. SUITE 700 ROCKVILLE, MD 20852	Mailing Address 6000 EXECUTIVE BLVD. SUITE 700 ROCKVILLE, MD 20852
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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

FILED
08 FEB -8 PM 3:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01072008 Chg-LP CR2E003 (12/06)

4. FEI Number 52-1537106	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	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	1500 Reynolds Street #402
STREET ADDRESS	9100 PAYTLEY BRIDGE LANE	CITY-ST-ZIP	Key West, FL 33040
CITY-ST-ZIP	POTOMAC, MD		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	COHEN, BARRY S	CITY-ST-ZIP	500117314245
CITY-ST-ZIP	300 S E FIFTH AVE #5090		02/06/08--01040--011 **500.00
	BOCA RATON, FL		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-23-08

Date

301-881-7800

Daytime Phone #