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

Description of Business  Mailing Address	DOCU	MENT # A25439	250	FILED					
Modified Address   Modified Ad						08 FEB -8 PM 3: 23			
Suite Apt. F. etc.    Suite Apt. F. etc.	6000 EXECUTIVE BLVD. 6000 EXECUTIVE BLVD. SUITE 700			CUTIVE BLVD.		TALLAHASSEE, FLORIDA			
Code 6. States	2. Principal P	Principal Place of Business - No P.O. Box #     3. Mailing Address							
# Zip Country Zip Country S. Certificate of Status Desired \$ \$5.2-15.37.106 \$ \$5.2-15.37.10	Suite, Apt.	#. elc.	Suite, Apt. #, etc.		01072008 Chg-LP	CR2E	003 (12/06)		
File   Country   Zp	Cit & State	e	City & State		·····		• •		
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  8. The above named entity submiss this patement for the purpose of changing its registered agent, or both, in the State of Rords. I am familiar with, and accept the obligations of registered agent, or both in the State of Rords. I am familiar with, and accept the obligations of registered agent, or both in the State of Rords. I am familiar with, and accept the obligations of registered agent, or both in the State of Rords. I am familiar with, and accept the obligations of registered agent, or both in the State of Rords. I am familiar with, and accept the obligations of registered agent, or both in the State of Rords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rords.  SIGNATURE  SIGNATURE  FL Zip Code  ARC SINET NOW!! FEE IS \$500.00  ARC May 1 That I South State of Rords.  ARC SINET AUDIESS  SINET AUDIESS  SINET AUDIESS  SINET AUDIESS  SINET AUDIESS  CITY-SI-ZP  SINET	• Zip	Country	Zip	Country			ired 🗌	\$8.75 Additional	
C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324  Crey  FL Zip Code  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 Rovida. I am terniller with, and accept the chiligations of registered agent, and registered agent, or both, in the State of Rovida. I am terniller with, and accept the chiligations of registered agent, or both, in the State of Rovida. I am terniller with, and accept the chiligation of registered agent, or both, in the State of Rovida. I am terniller with, and accept the chiligation of registered agent, or both, in the State of Rovida. I am terniller with, and accept the chiligation of registered agent, or both, in the State of Rovida. I am terniller with, and accept the chiligation of registered agent, or both, in the State of Rovida. I am terniller with, and accept the chiligation of registered agent, or both, in the State of Rovida. I am terniller with, and accept the children agent ag		6. Name and Address of Curren	t Registered Agent			7. Name and Address of I	New Registered	Agent	
Stool Agdress (P.O. Box Number is Not Acceptable)  Stool Agdress (P.O. Box Number is Not Acceptable)  FL 2ip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am lamiliar with, and accept me obligations of registered agent.  SIGNATURE  Speake, tendor precorders of registered agent.  FILE NOWIII FEE IS \$500.00  A GENERAL PARTINER INTA 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  SIREL AGGRESS  SIREL AGGRESS  CITY-SI-2P  DICUMENT I  NAME  SIREL AGGRESS					Name				
E. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Spektive, known or present remain or programs and must applycable.  DATE  FILE NOWITH FEE IS \$500.00  After May 1, 2008, Fee will be \$900.00  A GENERAL PARTINER 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 filled to change a general partner.  12. GENERAL PARTINER INFORMATION  13. GODINER ADDRESS CHANGES ONLY  MEISEL, JOELS  SIREH AURORSS  CITY-SI-2P  COUNCIL POTOMAC, MD  SIREH AUR	1200 S. PII	1200 S. PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Systems, hypoid or preson more of registered agent.  PILE NOW!!! FEE IS \$500.00  AGENERAL PARTINER 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	PLANTAIL	ON, FL 33324			Cin			I Zin Codo	
the obligations of registered agent  SIGNATURE  Seysons, hood or precision and of registered agent and life of applicable.  PILE NOW!!! FEE IS \$500.00 AGENERAL PARTINER 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 CHANGES CHANGES ONLY  SIRE! AURISS 9100 PAYTLEY BRIDGE LANE OITY-SI-2P TOUGHACH IF NAME SIRE! AURISS OUTY-SI-2P TOUGHACH IF NAME SIRE! AURISS OUTY-SI-2P TOUGHAN IF NAME SIRE! AURISS OUTY-SI-2P TOUGH	0 Tl		4					•	
FILE NOW!!! FE IS \$500.00  AREY May 1, 2008, Fe will be \$900.00  A GENERAL PARTINER 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  SIRET AUDRESS  OCTY-ST-2P  POTOMAC, MD  DOCUMENT / NAME  SIRET AUDRESS  OCTY-ST-2P  DOCUMENT / NAME  SIRET AUDRESS  OCTY-ST-2P  DOCUMENT / NAME  SIRET AUDRESS  CITY-ST-2P  DOCUMENT / NAME  SIRET AUDRESS			for the purpose of changing	its registere	ed office or registe	'ed agent, or both, in the State	of Florida. Tam	ramiliar with, and accept	
A GENERAL PARTINER 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 filled to change a general partner.  12. GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT / NAME  MEISEL, JOEL S  9100 PAYTLEY BRIDGE LANE  POTOMAC, MD  DOCUMENT / NAME  COHEN, BARRY S  SIRRET ADDRESS  SIRRET ADDRESS  OUTY-ST-2P  DOCUMENT / NAME  SIRRET ADDRESS  CITY-ST-2P  DOCUMENT /	SIGNATURE -	Signature, typed or printed name of registered age	ni and title if applicable.		·		DATE		
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 filled to change a general partner.  GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES CNILY  BUSINESS CHANGES CHANGES CNILY  MAKE  STREET ADDRESS CHANGES CNILY  BUSINESS CHANGES CHANGES CNILY  BUSINESS CHANGES CHANGES CNILY  BUSINESS CHANGES CHA		FILE NO	Will FEE IS \$500.00	000				•	
12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT # MAKE STREET ADDRESS  CITY-ST-ZP  DOCUMEN	:	A GENERAL PARTNER	THAT IS A BUSINESS E	ENTITY M					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET AD	12				, an amendmen				
SIREL ADDRESS CITY-ST-ZIP POTOMAC, MD CITY-ST-ZIP POTOMAC, MD COMEN! NAME SIREL ADDRESS CITY-ST-ZIP COMEN, BARRY S BOCA RATON, FL COMEN, BARRY S CITY-ST-ZIP COCUMEN! NAME SIREL ADDRESS CITY-ST-ZIP COCUMEN!	DOCUMENT #		ELLIN CHMATION		ET ADDRESS	<u> </u>	1 I .ek./	(A is	
CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT	STREET ADDRESS	9100 PAYTLEY BRIDGE LANE			-SI-ZIP (1-)	J			
NAME STREET ADDRESS OCTIV-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS C		POTOMAC, MD		_	1 160	West, I-C 3	3040		
CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # STREET ADDRESS CIT	i	`			`	500117314245			
NAME SIREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME SIREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME SIREET ADDRESS CITY-ST-ZIP  DOCUMENT # SIREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME SIREET ADDRESS CITY-ST		BOCA RATON, FL				02/05/0801	U4UU11	**500.00	
CITY-ST-ZIP  DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  TOUCHENT #  NAME  STREET ADDRESS  CITY-ST-ZIP  TOUCHENT #  STREET ADDRESS  CITY-ST-ZIP  TOUCHENT #  NAME  STREET ADDRESS  CITY-					-				
SIREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling does not qualify #0 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 path; 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	F				-				
CITY-ST-ZIP  DOCUMENT #  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT #  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling does not qualify by 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 path; 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	STREET ADDRESS				<u> </u>		*****		
DOCUMENT # STREET ADDRESS CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling does not qualify 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	CITY-ST-ZIP		10Ha 11 11 11 11 11 11 11 11 11 11 11 11 11			re with the con-		· · · · · · · · · · · · · · · · · · ·	
DOCUMENT # STREET ADDRESS CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling does not qualify 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	NAME STREET ADDRESS				·	<del> </del>			
STREET ADDRESS CITY-ST-ZIP  14. I hereby certify that the information sulplied with this filling does not qualify on 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	UIT-SI-ZIP						· · · · · · · · · · · · · · · · · · ·		
14. I hereby certify that the information supplied with this filling does not qualify on 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	STREET ADDRESS					y <del>(1 - 1</del> 20 ft d d	,		
		certify that the information supplied v	with this filing does not qualif			ed in Chapter 119, Florida Sta	tutes. I further ce	ertify that the information	
SIGNATURE: 1-23-08 301-881-7800	indicated or the red	t on this report is true and accurate ar peiver or trustee empowered to execu	nd that my signature shall have te this report as required by	ye tile sam Chapter 62	e legal effect as if r 0. Florida Statutes	made under gath; that I am a	General Partner o	of the limited partnership	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Dato Daylord Proce #	SIGNAT	TURE: SIZNATI INC AND TWEEN	OR PRINTED NAME OF SOCIAL OFFI	VERAL DADTE	<u> </u>			<del></del>	