2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED Apr 28, 2008 08:00 AN Secretary of State

DOCUMENT # A26281 1. Entity Name ANITAR LIMITED PARTNERSHIP I			Secretary of Stat		
Principal Place 1663 MOUN SARASOTA, I		Mailing Address 1663 MOUND STREET SARASOTA, FL 34236	-	1 10 10 11 12 12 13 14 15 16 16 16 16 16 16 16	. Maha angu angu angu angu angusan an mga
DO NOT WOITE IN THE COACE				04182008 No Chg-LP	CR2E003 (12/06)
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number 65-0043967	Applied For Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					
FURMAN, ROBERT G. 1663 MOUND STREET SARASOTA, FL 34236			DO NOT WRITE IN THIS SPACE		
	e named entity submits this statement fations of registered agent	or the purpose of changing its registe	red office or register	ed agent, or both, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE				<u> </u>	
Signature, typed or printed name of registered agent and title if applicable.				<u> </u>	ດນາສະບວນ ຊຽດ ຄູດ
		Will FEE IS \$500.00 2008, Fee will be \$900.00			
		THAT IS A BUSINESS ENTITY MAY NOT be changed on the form			
12.	GENERAL PARTNE	R INFORMATION			
DOCUMENT # NAME	219270 FURMAN'S, INC.				
STREET ADDRESS	1663 MOUND STREET				
CITY-ST-ZIP	SARASOTA, FL				
DOCUMENT #					
NAME STREET ADDRESS					
CITY-ST-ZIP		1			
DOCUMENT #					
NAME STREET ADDRESS				DO NOT WE	DITE
CITY-ST-ZIF					
DOCUMENT /				IN THIS SPA	ACE

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:

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT # NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT # NAME
STREET ADDRESS
CITY-ST-ZIP
COCUMENT # NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-18-2008

941-31.5.7891

Daytime Phone #