

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A26819

1. Entity Name
ABC BUILDING LIMITED PARTNERSHIP



Principal Place of Business
**250 SOUTH OCEAN BLVD., APT. 16-AB
 BOCA RATON, FL 33432**

Mailing Address
**C/O PERCONTEE, INC.
 11900 TECH ROAD
 SILVER SPRING, MD 20904 US**

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 19 PM 4:03

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



01152008 Chg-LP CR2E003 (12/06)

4. FEI Number
54-1473123

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUDELSKY, MARTHA
 250 SOUTH OCEAN BLVD., APT. 16-AB
 BOCA RATON, FL 33432**

Name **John Gudelsky**

Street Address (P.O. Box Number is Not Acceptable)

425 Meadow Lark Drive

City **Sarasota**

FL

Zip Code **34236**

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]

1/29/2008

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P14416**
 NAME **PERCONTEE, INC.**
 STREET ADDRESS **11900 TECH ROAD**
 CITY-ST-ZIP **SILVER SPRING, MD 20904**

STREET ADDRESS
 CITY-ST-ZIP **800117966308
 02/13/08--01029--008 **500.00**

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STREET ADDRESS
 CITY-ST-ZIP

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]

1/29/2008

Date

Daytime Phone #

301.622.0100

STAPLE CHECK HERE