

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # A27146

1. Entity Name
**HARBOUR SQUARE ASSOCIATES LIMITED
PARTNERSHIP**



Principal Place of Business
**247 N WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**247 N WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714**



03182008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0441441	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FILDES, RICHARD J ESQ.
% LOWNDES, DROSDICK, DOSTER, KANTOR ET AL
215 N. EOLA DRIVE
ORLANDO, FL 32801**

**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

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 #	G46246
NAME	PICERNE DEVELOPMENT CORPORATION OF FLORIDA
STREET ADDRESS	247 N. WESTMONTE DR.
CITY- ST- ZIP	ALTAMONTE SPRINGS, FL 32714

DOCUMENT #	
NAME	PICERNE, ROBERT M
STREET ADDRESS	247 N. WESTMONTE DR.
CITY- ST- ZIP	ALTAMONTE SPRINGS, FL 32714

DOCUMENT #	
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05/22/08-80028-017 500.00

**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

Jan Heflinger

04/25/08

(407) 772-0200

Date

Daytime Phone #

STAPLE CHECK HERE