


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

**DO NOT WRITE IN THIS SPACE**



03182008 No Chg-LP      CR2E003 (12/06)

4. FEI Number 05-0441441	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ 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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	G46246 PICERNE DEVELOPMENT CORPORATION OF FLORIDA 247 N. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	PICERNE, ROBERT M 247 N. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

U00000531838  
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:**  **Jan Heflinger**      04/25/08      (407) 772-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE