


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2008**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A27403</b>	
1. Entity Name: 200 N.E. 3RD AVENUE BANK LTD.	

Principal Place of Business 16 NE 4TH STREET FT. LAUDERDALE FL 33301	Mailing Address 16 NE 4TH STREET FT. LAUDERDALE FL 33301
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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

1st MOORE CR2E003 (10/07)

4. FEI Number 59-2590771	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  EUROMANAGEMENT INC. 16 NE 4TH STREET FORT LAUDERDALE FL 33301	
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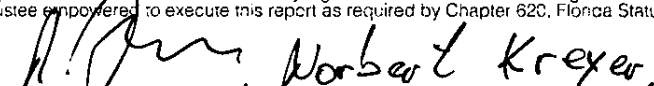
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____	U600000923857 05/16/08-80049-024 508.75 DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	G22540 CONDOR MANAGEMENT, INC. 16 NE 4TH ST FT. LAUDERDALE FL 33301	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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 110, 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: 	1-31-08 954-779-7103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	

STAPLE CHECK HERE