

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:51

DOCUMENT # A28480	
1. Entity Name MOORE HAVEN COMMONS, LTD.	



Principal Place of Business 5505 N. ATLANTIC AVENUE PO BOX 321209 COCOA BEACH, FL 32932-1209	Mailing Address PO BOX 321209 COCOA BEACH, FL 32932-1209
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2. Principal Place of Business - No P.O. Box # <u>ATLANTIS ROAD</u>	3. Mailing Address
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Suite, Apt. #, etc. <u>405-B</u>	Suite, Apt. #, etc.
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City & State <u>CAPE CANAVERAL, FL</u>	City & State
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Zip <u>32920</u>	Country	Zip	Country
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04102008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent KINCAID, JAMES 5505 N. ATLANTIC AVENUE PO BOX 321209 COCOA BEACH, FL 32932-1209	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<u>405-B ATLANTIS ROAD</u>	
City <u>CAPE CANAVERAL</u>	State <u>FL</u>
Zip Code <u>32920</u>	

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

000128734690
 05/07/08--01009--024 **508.75

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	
STREET ADDRESS	DEHARDER, ROBERT		<u>405-B ATLANTIS ROAD</u>
CITY-ST-ZIP	5505 N. ATLANTIC AVENUE, PO BOX 321209 COCOA BEACH, FL 32932-1209	CITY-ST-ZIP	<u>CAPE CANAVERAL, FL 32920</u>
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	MCPHILLIPS, FRANCIS		<u>405-B ATLANTIS ROAD</u>
CITY-ST-ZIP	5505 N. ATLANTIC AVENUE, PO BOX 321209 COCOA BEACH, FL 32931	CITY-ST-ZIP	<u>CAPE CANAVERAL, FL 32920</u>
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	FRAZIER, JOHN		<u>405-B ATLANTIS ROAD</u>
CITY-ST-ZIP	5505 N. ATLANTIC AVENUE, POB OX 321209 COCOA BEACH, FL 32931	CITY-ST-ZIP	<u>CAPE CANAVERAL, FL 32920</u>
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STREET ADDRESS			
CITY-ST-ZIP		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: James Kincaid James Kincaid 4/22/08 321-799-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE