_2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED Jan 22, 2008 08:00 A Secretary of State

DO	CI	IN/	IFN	IT#	A2	85	:38
$\boldsymbol{\nu}$	\sim	<i>,</i> 17	にニい	11 77	<i>,</i> \		\sim

1. Entity Name

ESPANOLA WAY ASSOCIATES, LTD.



Principal Place of Business

230 5TH STREET

MIAMI BEACH, FL 33139

Mailing Address

230 5TH STREET

MIAMI BEACH, FL 33139



DO NOT WRITE IN THIS SPACE

01082008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0136747

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

ROBINS, SCOTT 230 5TH STREET MIAMI BEACH, FL 33139

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.	
	IONATI DE	

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 U00000791819 01/23/08-80088-018 500.00

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 #	K91069					
NAME	ESPANOLA WAY ASSOC., INC					
STREET ADDRESS	230 5TH STREET					
CITY-ST-ZIP	MIAMI BEACH, FL 33139					
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						
DOCUMENT #						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
14. I hereby certify that the information supplied wifit this filling does not qualify to						

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this litting does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this seport 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 ampowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: .

SLOH RIBINS

1/14/08

305-6740602

Daytime Phone #