


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

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # A28568	
1. Entity Name ESTERO WOODS VILLAGE LIMITED PARTNERSHIP	

Principal Place of Business C/O SEVEN EVERGREEN PLACE MARTIE MART SUITE 2600 WINNIPEG, MANITOBA R3L 2T3	Mailing Address C/O SEVEN EVERGREEN PLACE MARTIE MART SUITE 2600 WINNIPEG, MANITOBA R3L 2T3
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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

1st MOORE	CR2E003 (10/07)
4. FEI Number 98-0108140	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

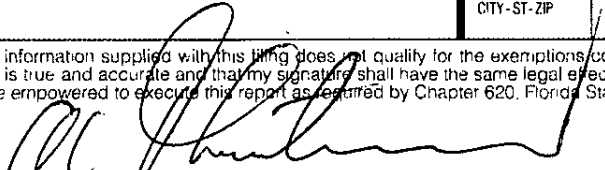
6. Name and Address of Current Registered Agent PIRES, ANTHONY P., JR. WOODWARD, PIRES & ANDERSON, P.A. 3200 TAMiami TRAIL NORTH, SUITE 200 NAPLES FL 33103	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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 _____

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 # P38731	NAME 72091 MANITOBA LTD.	STREET ADDRESS	
STREET ADDRESS 2600 SEVEN EVERGREEN PL.		CITY-ST-ZIP	03/05/08-80007-008 500.00
CITY-ST-ZIP WINNIPEG, MANITOBA, CA			
DOCUMENT #	NAME	STREET ADDRESS	
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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:  02/12/08 204-475-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE