

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 2:45

DOCUMENT # A28908 1. Entity Name ORLANDO BELTWAY ASSOCIATES-ROUND LAKE ROAD, LTD.					
Principal Place of Business 180 WILSHIRE BOULEVARD CASSELBERRY, FL 32707			Mailing Address 120 EAST COLONIAL DRIVE ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1516 E. HILLCREST ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 210			
City & State		City & State ORLANDO, FL			
Zip	Country	Zip	Country		
32803	USA				
6. Name and Address of Current Registered Agent MORLEY, PATRICK M. 180 WILSHIRE BOULEVARD CASSELBERRY, FL 32707			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MORLEY, PATRICK M. 180 WILSHIRE BLVD. CASSELBERRY, FL 32707		STREET ADDRESS CITY-ST-ZIP	400120708724 03/19/08--00010--018 **\$500.00	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HEAVENER, JAMES W. 180 WILSHIRE BLVD. CASSELBERRY, FL 32707		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WALLACE, RONALD D. 180 WILSHIRE BLVD. CASSELBERRY, FL 32707		STREET ADDRESS CITY-ST-ZIP		
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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: <u>PATRICK M. MORLEY</u> 2-1-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE