

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 12 PM 4: 57

DOCUMENT # A29128

1. Entity Name
LONDON ARMS/LYN MAR, LTD.



Principal Place of Business
~~ONE BOSTON PLACE, SUITE 2100~~
~~BOSTON, MA 02108-4406~~

1666 Kennedy Causeway, #505
N. Bay Village, FL 33141

Mailing Address
~~ONE BOSTON PLACE, SUITE 2100~~
~~BOSTON, MA 02108-4406~~

1666 Kennedy Causeway, #505
N. Bay Village, FL 33141



04212008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3084070

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALAND, ROBERT
1666 KENNEDY CAUSEWAY, SUITE 505
NORTH BAY VILLAGE, FL 33141

**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.

SIGNATURE _____

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

DATE _____

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

DOCUMENT # L25254
NAME 727 COLLINS CORP.
STREET ADDRESS 1666 KENNEDY CAUSEWAY, TUIE 505
CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141

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700128790717
05/08/08--01009--015 **500.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/21/08 305
538-9557

STAPLE CHECK HERE