

**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 12, 2008**

**FILED**

08 SEP -5 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # A29263  
1. Entity Name  
WALDORF TOWERS, LTD.



Principal Place of Business  
860 OCEAN DRIVE  
MIAMI BEACH, FL 33139

Mailing Address  
~~860 OCEAN DRIVE~~  
~~MIAMI BEACH, FL 33139~~

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
710 HARBOR DRIVE  
Suite, Apt. #, etc.

City & State  
KEY BISCAIYNE, FL

City & State  
KEY BISCAIYNE, FL

Zip Country  
33149 USA

08142008 Chg-LP CR2E003 (12/06)

4. FEI Number  
65-0203893

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WEIDER, NORMAN S  
100 S.E. 2ND STREET  
SUITE 3910  
MIAMI, FL 33131-2112

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

**FILE NOW!!! FEE IS \$900.00  
On or after September 12, 2008, Fee will be \$1000.00**

**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 #	V15370	STREET ADDRESS	
NAME	LAKASTE, INC.	CITY - ST - ZIP	
STREET ADDRESS	860 OCEAN DRIVE		
CITY - ST - ZIP	MIAMI BEACH, FL 33139		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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CITY - ST - ZIP			

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STAPLE CHECK HERE

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] Date: 8/21/08