

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

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 #

3. Mailing Address
710 HARBOR DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
KEY BISCAYNE, FL

Zip

Country

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

7. Name and Address of New Registered Agent

WEIDER, NORMAN S
100 S.E. 2ND STREET
SUITE 3910
MIAMI, FL 33131-2112

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

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

DATE

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

STREET ADDRESS
 CITY-ST-ZIP

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STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

08 SEP -5 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE

8/21/08