


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:51

DOCUMENT # A30119	
1. Entity Name SUGAR CANE VILLAS, LTD.	

Principal Place of Business 5505 N. ATLANTIC AVE., STE. 115 COCOA BEACH, FL 32931	Mailing Address PO BOX 321209 COCOA BEACH, FL 32932-1209
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2. Principal Place of Business - No P.O. Box # ATLANTIS ROAD	3. Mailing Address
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Suite, Apt. #, etc. 405-B	Suite, Apt. #, etc.
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City & State CAPE CANAVERAL, FL	City & State
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Zip 32920	Country USA	Zip	Country
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6. Name and Address of Current Registered Agent KINCAID, JAMES 5505 N. ATLANTIC AVE., STE. 115 PO BOX 321209 COCOA BEACH, FL 32932-1209		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 405-B ATLANTIS ROAD City CAPE CANAVERAL FL Zip Code 32920	
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 05/07/08--01009--026 **508.75

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 #	ROBERT DEHARDER	STREET ADDRESS	405-B ATLANTIS ROAD
NAME	5505 N. ATLANTIC AVE., #115, PO BOX 321209	CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
STREET ADDRESS	COCOA BEACH, FL 329321209		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: James Kincaid James Kincaid 4/22/08 321-799-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE