


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

**FILED**  
**Jun 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A31306</b> 1. Entity Name SQF, LTD.	
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Principal Place of Business 102 BUCKSKIN LANE ORMOND BEACH, FL 32174	Mailing Address 102 BUCKSKIN LANE ORMOND BEACH, FL 32174
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06022008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0249964	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  QUANDT-FREW, SABINA 102 BUCKSKIN LANE ORMOND BEACH, FL 32174
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \$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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	QUANDT-FREW, SABINA 102 BUCKSKIN LANE ORMOND BEACH, FL
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06/05/08-80005-010 900.00

**DO NOT WRITE IN THIS SPACE**

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:**  **6/2/08 386-672-8329**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #