

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A31677**

1. Entity Name  
**PALMETTO PARK ROAD ASSOCIATES LIMITED**



Principal Place of Business  
**925 SOUTH FEDERAL HWY  
SUITE 425  
BOCA RATON, FL 33432**

Mailing Address  
**P.O. BOX 11229  
KNOXVILLE, TN 37939**



01222008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**65-0269486**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WALTERS, CLIFFORD L  
802 11TH STREET WEST  
BRADENTON, FL 34205**

**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**

U000000862713  
04/03/08-80059-017 500.00

**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 # **P95000032150**  
NAME **WEST BOCA SQUARE CORPORATE, INC.**  
STREET ADDRESS **925 SOUTH FEDERAL HWY SUITE 425**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

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**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 #

**Jill Levin, Treasurer 2/4/08 (865) 584-4175**

STAPLE CHECK HERE