

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 11 PM 2:45

**DOCUMENT # A32648**

1. Entity Name  
MANHATTAN PALMS, LTD.



Principal Place of Business  
C/O PROFESSIONAL MANAGEMENT, INC.  
9095 S.W. 87TH AVENUE, SUITE 777  
MIAMI, FL 33176

Mailing Address  
C/O PROFESSIONAL MANAGEMENT, INC.  
9095 S.W. 87TH AVENUE, SUITE 777  
MIAMI, FL 33176

**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
59-3160195

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

SHERRY, ALEX  
9095 S.W. 87TH AVENUE, SUITE 777  
MIAMI, FL 33176

**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**

**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 # P04000158194  
NAME PROFESSIONAL ACQUISITIONS AND CONVERSIONS,  
STREET ADDRESS 9095 SW 87TH AVE. SUITE 777  
CITY - ST - ZIP MIAMI, FL 33176

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

03/14/08-01016-012-\$500.00

**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 #

Ronald Simkins

3/21/08

305-270-0870

STAPLE CHECK HERE