2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 24, 2008 08:00
Secretary of Stat

DOCUMENT # A33057

1. Entity Name
DR. SCHROBSDORFF & DR. HERRMANN "BAYSHORE FOUR SEASONS", LTD.

Principal Place of Business	Mailing Address
4350 W CYPRESS STREET SUITE 300 TAMPA, FL 33607-4175	4350 W CYPRESS STREET SUITE 300 TAMPA, FL 33607-4175

DO NOT WRITE IN THIS SPACE

01082008 No Chg-LP CR2E003 (12/06)

4. FEI Number
59-3173366
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLBERT, HAL P
C/O COLLIERS ARNOLD
4350 WEST CYPRESS STREET, SUITE 300
TAMPA, FL 33607-4175

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 _____ 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

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 #	F21738
NAME	DR. SCHROBSDORFF & DR. HERMANN INTERNATION
STREET ADDRESS	4350 W CYPRESS STREET, SUITE 300
CITY-ST-ZIP	TAMPA, FL 336074175
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01/29/08-80022-006 500.00

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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: _____ January 11, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #