
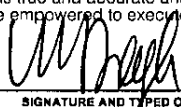


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A33204</b>			
1. Entity Name <b>THE ENCLAVE (U.S.) LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>4728 N. HABANA AVE., TAMPA, FL 33614</b>		Mailing Address <b>11005 N. DALE MABRY HWY TAMPA, FL 33618</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04232008 Chg-LP CR2E003 (12/06)	
		4. FEI Number <b>59-3132893</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CHRISTOPHER, ANGELO 11005 N. DALE MABRY HWY TAMPA, FL 33618</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	<b>FL</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>L02000025805</b>	STREET ADDRESS	
NAME	<b>TAMPA MEDICAL PROPERTIES II, LLC</b>	CITY-ST-ZIP	<b>1100000933278</b> <b>05/22/08-80089-020 500.00</b>
STREET ADDRESS	<b>11005 N. DALE MABRY HWY</b>		
CITY-ST-ZIP	<b>TAMPA, FL 33618</b>		
DOCUMENT #		STREET ADDRESS	
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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: 		<b>Mike Doyle</b>	<b>4/23/08</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone # <b>813 569-6500</b>

STAPLE CHECK HERE