

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

**FILED**  
**Apr 04, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A33476**

1. Entity Name  
**ANDRADE ASSOCIATES LIMITED PARTNERSHIP**



Principal Place of Business  
**53 ST. THOMAS DRIVE  
PALM BEACH GARDENS, FL 33418**

Mailing Address  
**53 ST. THOMAS DRIVE  
PALM BEACH GARDENS, FL 33418**



03242008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0372061</b>                                      | Applied For<br><input type="checkbox"/>  |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

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

**EAVENSON, BRADLEY B ESQ  
4100 RCA BLVD. SUITE 100  
PALM BEACH GARDENS, FL 33410-4247**

**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.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

04/16/08-80025-005 508.75

**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           | <b>ANDRADE, MANUEL S.</b>           |
| STREET ADDRESS | <b>53 ST. THOMAS DRIVE</b>          |
| CITY-ST-ZIP    | <b>PALM BEACH GARDENS, FL 33418</b> |

|                |  |
|----------------|--|
| DOCUMENT #     |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| NAME           |  |
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| CITY-ST-ZIP    |  |

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*X 4/1/08*  
Date

*X 561-371-8006*  
Daytime Phone #

STAPLE CHECK HERE