

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # A93000000327

1. Entity Name
HARBOR INN OF CS ASSOCIATES, LTD.



Principal Place of Business
**5401 UNIVERSITY DR
SUITE 103
CORAL SPRINGS, FL 33067**

Mailing Address
**5401 UNIVERSITY DR
SUITE 103
CORAL SPRINGS, FL 33067**



01092008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0395807	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**JENNINGS & VALANCY PA
311 SE 13TH STREET
FORT LAUDERDALE, FL 33316**

**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

U000000789795
01/23/08-20008-004 508.75

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$800.00**

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 #	572226
NAME	M.S.L. PROPERTY MANAGEMENT, INC.
STREET ADDRESS	5401 UNIVERSITY DRIVE #103
CITY-ST-ZIP	CORAL SPRINGS, FL 33067

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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 #

STAPLE CHECK HERE