

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN -2 PH 12:41

DOCUMENT # A93000000359 1. Entity Name CEEBRAID-SIGNAL FLORIDA COMPANY, LTD.			
Principal Place of Business 250 AUSTRALIAN AVE. SOUTH WEST PALM BEACH, FL 33401		Mailing Address 250 AUSTRALIAN AVE. SOUTH WEST PALM BEACH, FL 33401	
2. Principal Place of Business - No P.O. Box 1801 S. Australian Ave Suite, Apt. #, etc.		3. Mailing Address 1801 S. Australian Ave Suite, Apt. #, etc.	
City & State West Palm Beach FL		City & State West Palm Beach FL	
Zip 33409 Country		Zip 33409 Country	
4. FEI Number 11-3206495		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CEEBRAID-SIGNAL G.A. CORPORATION 250 AUSTRALIAN AVENUE SOUTH, SUITE 1003 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1801 S. Australian Ave City West Palm Beach FL Zip Code 33409	
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>			
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00			
000130293270 05/28/08--01002--007 **500.00			
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000000448	STREET ADDRESS	1801 S. Australian Ave
NAME	CEEBRAID-SIGNAL G.A. CORPORATION	CITY-ST-ZIP	West Palm Beach FL 33409
STREET ADDRESS	250 AUSTRALIAN AVENUE SOUTH, SUITE 1003		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
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NAME		CITY-ST-ZIP	
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			
		Date _____ Daytime Phone # _____	

STAPLE CHECK HERE

BLT