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

DO NOT WRITE IN THIS SPACE

## DOCUMENT # A93000000623

1. Entity Name
GERAMI FAMILY, LTD.



FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2320 NORTH ORANGE AVENUE, SUITE 201 ORLANDO, FL 32804

2320 NORTH ORANGE AVENUE, SUITE 201 ORLANDO, FL 32804



04152008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3189833

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERAMI, SOHRAB 2320 NORTH ORANGE AVENUE, SUITE 201 ORLANDO, FL 32804

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| 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

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.

|  |   | The same and the s |
|--|---|--|
|  | 12.   | GENERAL PARTNER INFORMATION  |
|  | DDCUMENT # NAME STREET ADDRESS CITY-ST-ZIP          | GERAMI, SOHRAB<br>2320 NORTH ORANGE AVENUE, SUITE 201<br>ORLANDO, FL 32804   |
|  | DOCUMENT # NAME STREET ADDRESS C:TY-ST-ZiP          |  |
|  | DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | -  |
|  | DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP          |  |
|  | DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
|  | DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP          |  |

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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 in secure this report as required by Chapter 620, Florida Statutes

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/08

111 (-0182-101)

Daytime Phone #