


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

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A93000001330</b> 1. Entity Name PHOENIXWEST ASSOCIATES, LTD.	
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Principal Place of Business 2295 CORPORATE BLVD., N.W., SUITE 222 BOCA RATON, FL 33431	Mailing Address 2295 CORPORATED BLVD, NW SUITE 222 BOCA RATON, FL 33431
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<b>DO NOT WRITE IN THIS SPACE</b>
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02132008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2652789	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HERRICK, NORTON 2295 CORPORATE BLVD., N.W. SUITE 222 BOCA RATON, FL 33431
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<b>DO NOT WRITE IN THIS SPACE</b>
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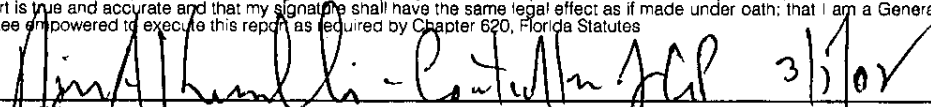
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered 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>	U00000857961 04/01/08-80025-012 508.75
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<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>
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12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P93000084142
NAME	G-P PHOENIXWEST, INC.
STREET ADDRESS	2295 CORPORATE BLVD., SUITE 222
CITY-ST-ZIP	BOCA RATON, FL 33431
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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 to execute this report as required by Chapter 620, Florida Statutes.
<b>SIGNATURE:</b>  3/1/08
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>
<small>Date</small>
<small>Daytime Phone #</small>

STAPLE CHECK HERE