
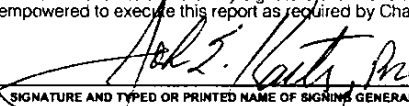


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 28 AM 8:38

<b>DOCUMENT # A93000001392</b>					
<b>1. Entity Name</b> KANTER INVESTMENTS, LTD.					
<b>Principal Place of Business</b> 4770 BISCAYNE BLVD., SUITE 1150 MIAMI, FL 33137			<b>Mailing Address</b> 4770 BISCAYNE BLVD., SUITE 1150 MIAMI, FL 33137		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> Cl Jennifer Lynch 505 S. Flagler Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 900		01282008    Chg-LP    CR2E003 (12/06)	
City & State		City & State West Palm Beach, FL		<b>4. FEI Number</b> 58-2085505	
Zip		Zip 33401-5948		Country U.S.	
<b>6. Name and Address of Current Registered Agent</b> CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code	
<b>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.</b>					
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>					
<b>600121105106</b> <b>03/25/08--01002--003 **500.00</b>					
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P93000085394		STREET ADDRESS		
NAME	KANTER INVESTMENTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	4770 BISCAYNE BLVD., SUITE 1150		CITY-ST-ZIP		
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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>					
<b>SIGNATURE:</b> 			3/17/08    5618329292		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date    Daytime Phone #		

STAPLE CHECK HERE