


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

| | |
|------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # A9400000891 |  |
| 1. Entity Name PALM DRIVE ASSOCIATES, LTD. | |

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|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Principal Place of Business C/O CENTRO PALM, INC. 35801 S.W. 186TH AVENUE FLORIDA CITY FL 33034 | Mailing Address C/O CENTRAL PALM, INC. P.O. BOX 343449 FLORIDA CITY FL 33034 |
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|--------------------------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|--------------------------------------------------------------------------|-----------------------------------------------|

1st MOORE CR2E003 (10/07)

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|--------------|--------------|------------------------------------|--------------------------------------------------------|
| City & State | City & State | 4. FEI Number 65-0539755 | Applied For <input type="checkbox"/> Not Applicable |
|--------------|--------------|------------------------------------|--------------------------------------------------------|

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|-----|---------|-----|---------|------------------------------------------------------------------------------------------------------------|
| Zip | Country | Zip | Country | 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 | 7. Name and Address of New Registered Agent |
| MAINSTER, STEVE C/O CENTRO PALM INC. 35801 S.W. 186TH AVENUE FLORIDA CITY FL 33034 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |
| | FL Zip Code |

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 _____

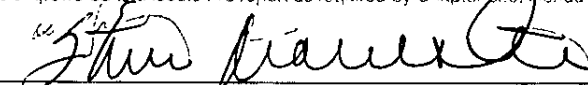
FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # NAME STREET ADDRESS CITY-ST-ZIP | P94000049163 CENTRO PALM, INC. 35801 S.W. 186TH AVE. FLORIDA CITY FL 33034 | STREET ADDRESS | 000000818360 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | 02/15/08-80040-002 667.50 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
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| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | |

STAPLE CHECK HERE

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