

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # A94000001061

1. Entity Name
A TO Z VENTURES, LTD.



Principal Place of Business
**5700 LAKE WORTH RD
SUITE 305
LAKE WORTH, FL 33463**

Mailing Address
**5700 LAKE WORTH RD
SUITE 305
LAKE WORTH, FL 33463**



01072008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
65-0521312

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AMES, RONALD
5700 LAKE WORTH ROAD
SUITE 305
LAKE WORTH, FL 33463**

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P94000056020
NAME	A TO Z VENTURES A, INC.
STREET ADDRESS	17221 HAMPTON BLVD.
CITY-ST-ZIP	BOCA RATON, FL 33496
DOCUMENT #	P94000056016
NAME	A TO Z VENTURES D, INC.
STREET ADDRESS	6205 NW 97TH AVE
CITY-ST-ZIP	PAKRLAND, FL 33076
DOCUMENT #	P94000056023
NAME	A TO Z VENTURES Z, INC.
STREET ADDRESS	4756 S.W. 72ND AVENUE, SUITE 102
CITY-ST-ZIP	DAVIE, FL 33309
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000786498
01/17/08-80042-021 500.00

**DO NOT WRITE
IN THIS SPACE**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/10/08

Date

521-296-5152

Daytime Phone #