

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A94000001064

1. Entity Name
ESTEIN & ASSOCIATES USA, LTD.



Principal Place of Business
5211 INTERNATIONAL DRIVE
ORLANDO, FL 32819

Mailing Address
5211 INTERNATIONAL DRIVE
ORLANDO, FL 32819

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Estein & Associates USA Ltd. **Estein & Associates USA Ltd.**
4705 S. Apopka Vineland Road **4705 S. Apopka Vineland Road**
Suite 201 **Suite 201**
Orlando, Fla. 32819 **USA Orlando, Fla. 32819** **USA**

01142008 Chg-LP CR2E003 (12/06)

4. FEI Number **59-3258143** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESTEIN, LOTHAR
5211 INTERNATIONAL DRIVE
ORLANDO, FL 32819

Ne **Estein, Lothar**
 Str **4705 S. Apopka Vineland Road**
Suite 201
 Orlando, Fla. 32819
 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

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 # **P94000056171**
 NAME **G.P. ESTEIN CORPORATION**
 STREET ADDRESS **5211 INTERNATIONAL DRIVE**
 CITY-ST-ZIP **ORLANDO, FL 32819**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **4705 S. Apopka Vineland Rd. St. 201**
 CITY-ST-ZIP **Orlando, FL 32819**

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS **700118315787**
 CITY-ST-ZIP **02/19/08--01027--001 **508.75**

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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

Date

Daytime Phone #

2/12/08

(407) 909-2200

STAPLE CHECK HERE

FILED

08 FEB 21 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

