

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
08 FEB 21 PM 4:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # A94000001064
 1. Entity Name
ESTEIN & ASSOCIATES USA, LTD.



Principal Place of Business Mailing Address
5211 INTERNATIONAL DRIVE **5211 INTERNATIONAL DRIVE**
ORLANDO, FL 32819 **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 Applied For
59-3258143 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ESTEIN, LOTHAR
5211 INTERNATIONAL DRIVE
ORLANDO, FL 32819

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000056171	STREET ADDRESS	4705 S. Apopka Vineland Rd, St. 201
NAME	G.P. ESTEIN CORPORATION	CITY-ST-ZIP	Orlando, FLA. 32819
STREET ADDRESS	5211 INTERNATIONAL DRIVE		
CITY-ST-ZIP	ORLANDO, FL 32819		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		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

STAPLE CHECK HERE

SIGNATURE: _____ **2/12/08** **(407) 909-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #