

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # A94000001301

1. Entity Name
SOUTHRING S.C. COMPANY, LTD.



Principal Place of Business
925 SOUTH FEDERAL HWY
SUITE 425
BOCA RATON, FL 33432

Mailing Address
P.O. BOX 11229
KNOXVILLE, TN 37939



01222008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0522489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLIFFORD L. WALTERS
802 11TH STREET WEST
BRADENTON, FL 34205

**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

U000000862682

04/03/08-80059-008 500.00

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 # 625859
NAME WEST INVESTMENT COMPANY, INC.
STREET ADDRESS 1733 W. FLETCHER AVE.
CITY-ST-ZIP TAMPA, FL 33612

DOCUMENT # G66830
NAME NORTAM CORPORATION
STREET ADDRESS 60 EAST 42ND STREET, 55TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10165

DOCUMENT # G66829
NAME TAMNOR CORPORATION
STREET ADDRESS 60 EAST 42ND STREET, 55TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10165

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

Steven Levin, Secretary

(561) 948-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE