


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # A94000001565	
1. Entity Name PUBWINT LIMITED PARTNERSHIP	

Principal Place of Business C/O DELTA EQUITIES 275 MADISON AVENUE, 30TH FLOOR NEW YORK, NY 10016	Mailing Address C/O DELTA EQUITIES 275 MADISON AVENUE, 30TH FLOOR NEW YORK, NY 10016
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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01062008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent HOUSTON, CLARENCE H JR. 1050 RIVERSIDE AVENUE JACKSONVILLE, FL 32204		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 #	P94000053219	STREET ADDRESS	
NAME	PUBWINT REALTY CORP.	CITY-ST-ZIP	
STREET ADDRESS	275 MADISON AVE., 30TH FLOOR		
CITY-ST-ZIP	NEW YORK, NY 10016		
DOCUMENT #		STREET ADDRESS	U000000779814
NAME		CITY-ST-ZIP	01/11/08-80052-010 500.00
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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

SIGNATURE:

Elliot H. Fargus
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/8/08
 Date

212-4900250
 Daytime Phone #

STAPLE CHECK HERE