## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

## DOCUMENT # A9400001598

1. Entity Name

SUITE 100

STAPLE CHECK HERE

SIGNATURE

Principal Place of Business

CORAL GABLES, FL 33134

470 BILTMORE WAY

KARKAT INTERNATIONAL LIMITED

Mailing Address

470 BILTMORE WAY

SUITE 100 CORAL GABLES, FL 33134 FILED Feb 11, 2008 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

01142008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0536780

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, FIRPO 470 BILTMORE WAY SUITE 100 CORAL GABLES, FL 33134

## DO NOT WRITE IN THIS SPACE

| 9 The above   | named paths a principality this statement for the automore of the size       |                           |
|---|--|---------------------------|
| 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 lamiliar with, and accept the obligations of registered agent.   |  |                           |
|   |  |                           |
| SIGNATURE   | Signature, typed or printed name of registered agent and title if applicable |                           |
|   | ожучните, турва от ритова зате от гединетов адети ала цие и аррисарје        | DATE                      |
| FILE NOW!!! FEE IS \$500.00<br>Aftor 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 /  | P94000085266   |                           |
| NAME  | GUIDANCE CORPORATION   | ,                         |
| STRUET ADDRESS  | 470 BILTMORE WAY   |                           |
| ORY ST-ZIP  | CORAL GABLES, FL 33134   | <u> </u>                  |
| DUCUMENT  |  | 02/20/08-80095-019 500.00 |
| NAME  |  |                           |
| SIREFT ADDRESS  |  |                           |
| CHY SI-7IP  |  |                           |
| OGCUMENT ≠  |  |                           |
| NAME  |  |                           |
| STREET ADDRESS  |  | DO NOT WRITE              |
| CHY SI ZIP  |  | DI 7140 00405             |
| DOCUMENT /  |  | IN THIS SPACE             |
| NAME  |  | •                         |
| STREET ADDRESS  |  | •                         |
| CHY SI 7P   |  |                           |
| DOCUMENT #  |  |                           |
| NAM6:   |  |                           |
| STREET ADDRESS  |  |                           |
| City-St 7iP   |  |                           |
| POCUMENT #  |  |                           |
| NAMI.   |  | <b>,</b>                  |
| STHEFT ADDRESS  |  |                           |
| CHY 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 eath, 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. |  |                           |

AND TYPEO OF PRINTED NAME OF SIGNING GENERAL PARTNER