


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # A94000001723 1. Entity Name PETERSON PARTNERS, LTD., L.P.	
--	---

Principal Place of Business 11 LAKESIDE LANE - UNIT A NORTH KEY LARGO, FL 33037	Mailing Address 11 LAKESIDE LANE - UNIT A NORTH KEY LARGO, FL 33037
---	---

DO NOT WRITE IN THIS SPACE



04202008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0595100	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent PETERSON, MARJORIE W 11 LAKESIDE LANE - UNIT A NORTH KEY LARGO, FL 33037	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. ATLANTIC REGISTERED AGENTS, INC.	
SIGNATURE Sr: Robert G. Peterson, V.P.	DATE 4/28/08
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	

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 #	
NAME	HENTSCHKE, MARGARET
STREET ADDRESS	2142 PORTLAND STREET
CITY-ST-ZIP	LOS ANGELES, CA 90007
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000943484
05/29/08-80062-004, 500.00

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: MARGARET P. HENTSCHKE Margaret P. Hentschke	DATE 4/22/08 DAYTIME PHONE # 213 747-0686
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	

STAPLE CHECK HERE