


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

**FILED  
Jan 09, 2008 08:00 AM  
Secretary of State**

DOCUMENT # A95000000003  
1. Entity Name  
TIVOLI ASSOCIATES, LTD.



Principal Place of Business 945 MARINER DR. KEY BISCAVAYNE, FL 33149	Mailing Address 945 MARINER DR. KEY BISCAVAYNE, FL 33149
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**DO NOT WRITE IN THIS SPACE**

01022008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0544149	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  
  
B & C CORPORATE SERVICES, INC.  
ONE BISCAVAYNE TOWER, 21ST FL  
2 SOUTH BISCAVAYNE BLVD  
MIAMI, FL 33131

**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 B&C CORPORATE SERVICES INC. DATE 01-05-08

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**

U00000779074  
01/10/08-80033-015 500.00

**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 #	L03000048669
NAME	TIVOLI ENTERPRISES, LLC
STREET ADDRESS	945 MARINER DRIVE
CITY-ST-ZIP	KEY BISCAVAYNE, FL 33149
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: Concepcion Virgin DATE 01-05-08 DAYTIME PHONE # (305)498-8742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE, CHECK HERE