

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 03, 2008 08:00 AM
Secretary of State

DOCUMENT # A95000000182 1. Entity Name 1244 PENN ASSOCIATES, LTD.	
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Principal Place of Business 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139	Mailing Address 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139
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02222008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0579076	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBINS, CRAIG 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139	DO NOT WRITE IN THIS SPACE
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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	
DOCUMENT #	P95000009379
NAME	1244 PENN ASSOCIATES, INC.
STREET ADDRESS	1632 PENNSYLVANIA AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
DOCUMENT #	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000847012
03/19/08-80001-019 500.00

STAPLE CHECK HERE

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: Melvin Schlosser VP 2/26/08 305-531-3155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #