

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

**FILED**  
**Mar 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # A95000000448

1. Entity Name  
FOUR PARTNERS GROUP LIMITED PARTNERSHIP



Principal Place of Business  
% A.C.S. HAGEN, INC.  
4600 N. OCEAN BLVD., #206  
BOYNTON BEACH, FL 33435

Mailing Address  
% A.C.S. HAGEN, INC.  
4600 N. OCEAN BLVD., #206  
BOYNTON BEACH, FL 33435



01072008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3375209	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**

A.C.S. HAGEN, INC.  
% DAVID G. ARMSTRONG  
4600 N. OCEAN BLVD., #206  
BOYNTON BEACH, FL 33435

**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 \_\_\_\_\_

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**

**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 #	P95000006910
NAME	A.C.S. HAGEN, INC.
STREET ADDRESS	4600 N. OCEAN BEACH BLVD., #206
CITY-ST-ZIP	BOYNTON BEACH, FL 33435

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U00000869572  
04/09/08-80055-012 500.00

**DO NOT WRITE  
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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE