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

CHECK

SIGNATURE: \_

TALLAHASSEE, FLORIDA DOCUMENT # A9500001301 08 MAR 21 PM 3: 00 GLENRIDGE HOLDINGS, LTD. Principal Place of Business Mailing Address 2700 NORTH 29TH AVE., #108 2700 NORTH 29TH AVE., #108 HOLLYWOOD, FL- 33020-HOLLYWOOD, FL 33020-16330 HIRHSOL WAY 16330 HIRASOL WAY DELRAY BEACH, FL 33446 DELRAY BEACH, FL 334H 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 65-0661335 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHTER, SAM 2700 NORTH-29TH-AVE:, #108 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD, FL 33020-16330 HIRASOL WAY DELRAY BEACH, FL 33446 Zip Code 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 ADDRESS CHANGES ONLY 13. P95000043053 DOCUMENT # STREET ADDRESS HARROW HOLDINGS, INC. NAME 16330 MIRASOL WAY STREET ADDRESS 2700 NORTH 29TH AVE:: #108 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL-33020-BEACH. DOCUMENT # STREET ADDRESS NAME <del>300120360513</del> STREET ADDRESS CITY-ST-ZIP 03/20/08--01050--016 CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST-ZIP CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-S1-ZIP CITY ST-ZIP 14. I hereby certify that the information supplies with this filling 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 its tepdrile required by Chapter 620, Florida Statutes

HARROW MODERA (CO.) BY:

PRESIDENT

OR PRINTED NAME OF SIGNING GENERAL PARTNER JA LI

SECRETARY OF STATE