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

## **DOCUMENT # A95000001409**

1. Entity Name

ENTÉRTAINMENT CENTER LIMITED PARTNERSHIP



FILED Apr 17, 2008 08:00 Al Secretary of State

Principal Place of Business

800 SEAGATE DRIVE SUITE 302 NAPLES, FL 34103

Mailing Address

P.O. BOX 893

BLOOMFIELD HILLS, MI 48303

111



## DO NOT WRITE IN THIS SPACE

01262008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0612816 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARONOFF, JANET 800 SEAGATE DRIVE SUITE 302 NAPLES, FL 34103

## DO NOT WRITE IN THIS SPACE

	enamed entity submits this statement for the purpose of changing its rations of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agont 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 ENT NOTE: General Partners MAY NOT be changed on the	TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. e form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT /	P95000072299	
NAME	ENTERTAINMENT CENTER, INC.	
STREET ADDRESS	800 SEAGATE DRIVE SUITE 302	11-7
CITY-ST-7IP	NAPLES, FL 34103	<u> </u>
DOCUMENT #		05/01/08-80033-014 500.00
NAME		
STREET ADDRESS		
City-St-zip		<u>[</u>
DOCUMENT #		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		IN THIS SPACE
DOCUMENT /		IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT /		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT /		l ·
NAME		
STREET ADDRESS		
CITY-ST.JIP		

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:

EIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/12008

Daytime Phone