


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 04, 2008 08:00 AM
Secretary of State

DOCUMENT # A95000001489 1. Entity Name MONTGOMERY CIRCLE WAREHOUSE PROPERTY, LTD.	
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Principal Place of Business 6730 EPPING FORST WAY, N. #107 JACKSONVILLE, FL 32217	Mailing Address 6730 EPPING FORST WAY, N. #107 JACKSONVILLE, FL 32217
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DO NOT WRITE IN THIS SPACE



01192008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3339840	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 POLLAK, LEWIS B SR. 6730 EPPING FOREST WAY, N. #107 JACKSONVILLE, FL 32217

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]
Signature, typed or printed name of registered agent and title if applicable.

2/21/08
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

U000000847400
 03/19/08-80018-014 500.00

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 #	P95000075958
NAME	LBP WAREHOUSE MANAGEMENT, INC.
STREET ADDRESS	6730 EPPING FORST WAY, N. #107
CITY-ST-ZIP	JACKSONVILLE, FL 32217
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:

Lewis B. Pollak
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING GENERAL PARTNER

1/21/08
Date

904 7323045
Daytime Phone #

STAPLE CHECK HERE