


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

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # A95000001849 1. Entity Name ARBUTINE ASSOCIATES LIMITED	
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Principal Place of Business 1350 WEST BAY DR BELLEAIR BLUFFS, FL 33770	Mailing Address 784 CORTEZ AVE. BELLEAIR BLUFFS, FL 33770
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01102008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3351118	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  ARBUTINE, PATRICIA L 784 CORTEZ AVE BELLEAIR BLUFFS, FL 33770	<b>DO NOT WRITE IN THIS SPACE</b>
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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 # NAME STREET ADDRESS CITY-ST-ZIP	ARBUTINE, MILLER B TRUSTEE 784 CORTEZ AVE BELLEAIR BLUFFS, FL 33770
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ARBUTINE, PATRICIA L TRUSTEE 784 CORTEZ AVE BELLEAIR BLUFFS, FL 33770
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04/23/08-80096-012 500.00

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: Patricia L. Arbutine Date: 4/7/2008 727-581-6827  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #