

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

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000001889</b> 1. Entity Name <b>ACD ASSOCIATES LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>305 S.W. 140 TERRACE NEWBERRY, FL 32669</b>	Mailing Address <b>305 S.W. 140 TERRACE NEWBERRY, FL 32669</b>
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**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-LP

CR2E003 (12/06)

4. FEI Number <b>59-3349464</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>AWARE DEVELOPMENT, INC. 305 S.W. 140 TERRACE NEWBERRY, FL 32669</b>
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>	
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**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 #	P95000091357
NAME	AWARE DEVELOPMENT, INC.
STREET ADDRESS	305 S.W. 140 TERRACE
CITY-ST-ZIP	NEWBERRY, FL 32669
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

U00000881969  
04/16/08-80022-001 500.00

**DO NOT WRITE IN THIS SPACE**

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

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<b>4-2-08 (352) 317-2415</b> <small>Date Daytime Phone #</small>
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