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

SIGNATURE:

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A95000001955 THE KENNETH WOLOFSKY FAMILY LIMITED 08 APR 11 PM 2: 45 **PARTNERSHIP** Principal Place of Business Mailing Address 150 CANTERBURY LANE 150 CANTERBURY LANE PALM BEACH, FL 33480 PALM BEACH, FL 33480 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 150 BRADLEY BRADLEY PLACE Suite, Apt. #, etc. 03262008 CR2E003 (12/06) Cha-LP 4. FEI Number Applied For 65-0704665 Not Applicable \$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 WOLOFSKY, MOIRA Street Address (P.O. Box Number is Not Acceptable). ACE 150 CANTERBURY LANE PALM BEACH, FL 33480 ALBA SUITE 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 boulf applic 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13 DOCUMENT # P95000065969 ALBA STREET ADDRESS EQUITY ONE INVESTMENTS, INC. NAME STREET ADDRESS 150 CANTERBERRY LANE CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP PALM BEACH, FL 33480 DOCUMENT # STREET ADDRESS NAME 000122087320 04/04/08--01004--005 \*\*500,00 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ampowered to execute this report as required by Chapter 620, Florida Statutes

3/31/08 561-835-1117