


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**FILED  
Apr 16, 2008 08:00 A  
Secretary of State**

<b>DOCUMENT # A95000002018</b>	
1. Entity Name <b>FLORIDA RESORT MANAGEMENT, LTD.</b>	

Principal Place of Business <b>3025 COLLINS AVENUE MIAMI BEACH FL 33140</b>	Mailing Address <b>C/O MILLER &amp; WEBNER, P.A. P.O. BOX 266947 WESTON FL 33326-6947</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MILLER, REBECCA M ESQ. C/O MILLER &amp; WEBNER, P.A. 2442 POINCIANA COURT WESTON FL 33327</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

4. FEI Number <b>65-0649560</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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 state if applicable

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>P95000096194</b>	STREET ADDRESS	
NAME	<b>FLORIDA RESORT, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>3025 COLLINS AVENUE</b>		<b>000000901709</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>		<b>04/29/08-80080-002 500.00</b>
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

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:** Hans-Joachim Krause **954-385-9030**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone \*