

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

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # A96000000244	
1. Entity Name BRITTKO ENTERPRISES, LTD.	

Principal Place of Business 2875 NE 191 STREET SUITE 702C AVENTURA FL 33180	Mailing Address 2875 NE 191 STREET SUITE 702C AVENTURA FL 33180
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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	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 65-0638101	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALAN B. BRASS 8181 W. BROWARD BLVD. SUITE 350 PLANTATION FL 33324
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

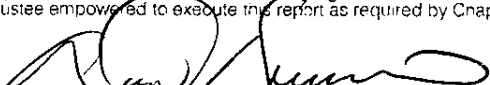
SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable)

FILE NOW!!! Fee is \$500. * 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 # P96000010793	NAME BRITTKO MANAGEMENT, INC.	STREET ADDRESS	03/11/08-80010-006 500.00
STREET ADDRESS 2875 NE 191 STREET, SUITE 702C		CITY-ST-ZIP	
CITY-ST-ZIP AVENTURA FL 33180			
DOCUMENT #	NAME	STREET ADDRESS	
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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 empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  **PRES OF G/P** **2/25/08** **305-935-1125**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Dating From *

STAPLE CHECK HERE