2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCH	MENT	#A9600000431	ı
レンしし	IVIC_IX L	# NOUGOGGGGGG	ı

1. Entity Name

ETHÉREDGE LIMITED PARTNERSHIP



Principal Place of Business

3261 US HIGHWAY 441/27, #A1 FRUITLAND PARK, FL 34731

Mailing Address

3261 US HIGHWAY 441/27, #A1 FRUITLAND PARK, FL 34731



DO NOT WRITE IN THIS SPACE

03202008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0760598 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

ETHERIDGE, RICHARD K 3261 US HIGHWAY 441/27, #A1 FRUITLAND PARK, FL 34731

DO NOT WRITE IN THIS SPACE

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 title if applicable

DATE

FILE NOW!!! FEE !\$ \$500.00 After May 1, 2008, Fee will be \$900.00 000000873338 04/10/08-80072-012 500.00

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.

Ī	12.	GENERAL PARTNER INFORMATION	
	DOCUMENT #	P96000019178	
-	NAME	CHELEKIM, INC.	
ł	STREET ADDRESS	3306 B SOUTH U.S. HIGHWAY 441/27	
-	CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
Ī	DOCUMENT #		
	NAME		
ı	STREET ADDRESS		
-1	CITY-\$T-ZIP		
ı	DOCUMENT #	- AMERICAL LITTLE - AMERICAN - AM	
	NAME		
	STREET ADDRESS		
1	City-ST-ZIP		
	DOCUMENT #		
ĺ	NAME		
.	STREET ADDRESS		
<u> </u>	CITY-ST-ZIP		
	DOCUMENT #		
5	NAME		
3 3	STREET ADDRESS		
١,	CHY-ST-ZIP		
מוער ביי	DOCUMENT #	·	
<u>:</u>	NAME		
1	STREET ATTORESS		

DO NOT WRITE

14. I hereby certify that the information supplied with this filling 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 occurate 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:

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING GENERAL PARTNER

7.21-08

35 2-365-119.

Date

Daytime Phone #