

#157

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # A96000000792

1. Entity Name
CAPITAL RESOURCES SOUTHEAST, LTD.

Principal Place of Business

30 BROAD STREET
31ST FLOOR
NEW YORK, NY 10004 US

Mailing Address

30 BROAD STREET, 31ST FLOOR
NEW YORK, NY 10004

DO NOT WRITE IN THIS SPACE



05152008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-3376972Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525DO 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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.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 # M05000002542
NAME 4011 OKEECHOBEE BOULEVARD GP, LLC
STREET ADDRESS 30 BORAD STREET, 31ST FLOOR
CITY-ST-ZIP NEW YORK, NY 10004DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPU00000953076
06/13/08-80002-008 508.75DO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE