2008 LIMITED PARTNERSHIP ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED May 05, 2008 08:00 AN Secretary of State

Due by May 1, 2006	
OCUMENT # A9600000889 ** *	52.
I. Entity Name COLONIAL SQUARE, LTD.	

Principal Place of Business

Mailing Address

1655 DREXEL AVENUE, SUITE 209 MIAMI BEACH, FL 33139

1655 DREXEL AVENUE, SUITE 209 MIAMI BEACH, FL 33139



04222008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0666114 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, JEFFREY 1655 DREXEL AVENUE, SUITE 209 MIAMI BEACH, FL 33139

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The above named entity submits this statement for the purpose of changing its registered offithe obligations of registered agent.	ice or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable	U00000348891

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.

12.	GENERAL PARTNER INFORMATION
DOCUMENT #	P96000037562
NAME	COLONIAL SQUARE, INC.
STREET ADDRESS	1655 DREXEL AVENUE, SUITE 209
CITY-ST-ZIP	MIAMI BEACH, FL 33139
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME."	· ·
STREET ADDRESS	
CHY-SI-ZIP	
14. I hereby	certify that the information supplied with this filing does not qualify for

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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:

URE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytme Phone #