


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

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000001105</b>	
1. Entity Name <b>BUSHDOLL, LTD.</b>	

Principal Place of Business <b>6885 NORTH OCEAN BLVD., APT. 102 OCEAN RIDGE FL 33435</b>	Mailing Address <b>6885 NORTH OCEAN BLVD., APT. 102 OCEAN RIDGE FL 33435</b>
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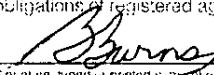


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE		CR2E003 (10/07)	
4. FBI Number <b>65-0680373</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>BLODIG, GREGORY J ESQ. GREENSPOON/MARDER/HIRSCHFELD/RAFKIN ETAL 100 WEST CYPRESS CREEK RD., STE. 700 FT. LAUDERDALE FL 33309</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 <b>4/24/08</b>

**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 #	NAME	STREET ADDRESS	000000923909
STREET ADDRESS	BURNS, BUSHROD W	CITY-ST-ZIP	05/16/08-80053-010 500.00
CITY-ST-ZIP	6885 N. OCEAN BLVD., APT. 102 OCEAN RIDGE FL 33435		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	BURNS, DOLORES A	CITY-ST-ZIP	
CITY-ST-ZIP	6885 N. OCEAN BLVD., APT. 102 OCEAN RIDGE FL 33435		
DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
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.	
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SIGNATURE: 	DATE <b>4/24/08</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	

STAPLE CHECK HERE