## 2009 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A96000001414

P.O. BOX 113009

NAPLES, FL 34108

Address:

City-St-Zip:

Entity Name: PROFESSIONAL ARTS PARTNERSHIP, LTD.

FILED Mar 10, 2009 Secretary of State

| Current Principal Place of Business:                         |                                  | New Principal Place of Business:          |                                       |
|--|----------------------------------|---|---------------------------------------|
| 571 AIRPORT ROAD N.<br>NAPLES, FL 34104                      |                                  |   |                                       |
| Current Mailing Address:                                     |                                  | New Mailing Address:                      |                                       |
| P.O. BOX 113009<br>NAPLES, FL 34108                          |                                  |   |                                       |
| FEI Number: 65-0687019                                       | FEI Number Applied For()         | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )     |
| Name and Address of Current Registered Agent:                |                                  | Name and Address of New Registered Agent: |                                       |
| SHEAF, STEVEN L<br>571 AIRPORT ROAD N.<br>NAPLES, FL 34104 L | US                               |   |                                       |
| The above named entity in the State of Florida.              | submits this statement for the p | ourpose of changing its registered        | d office or registered agent, or both |
| SIGNATURE:   |                                  |   |                                       |
| Electronic Signature of Registered Age                       |                                  | ent                                       | Date                                  |
| GENERAL PARTNER INFORMATION:                                 |                                  | ADDRESS CHANGES ONL                       | Y:                                    |
| Document #: P96000062658<br>Name: 109, INC.                  | 1                                |   |                                       |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN L SHEAF MP 03/10/2009