

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # A96000001430

1. Entity Name
DELL PARTNERSHIP, LTD.



Principal Place of Business
**1535 S.W. 151ST AVENUE
PEMBROKE PINES, FL 33027**

Mailing Address
**1535 S.W. 151ST AVENUE
PEMBROKE PINES, FL 33027**



01162008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2174539

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPELL, KAREN R ESQUIRE
14309 PARADISE TREE DRIVE
ORLANDO, FL 32828**

**DO 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
After May 1, 2008, Fee will be \$900.00**

000000798567
01/30/08-80033-014 500.00

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**NEEDELL, MERVIN H
1535 S.W. 151ST AVENUE
PEMBROKE PINES, FL 33027**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**NEEDELL, ELAINE F
1535 S.W. 151ST AVENUE
PEMBROKE PINES, FL 33027**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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: ELAINE F. NEEDELL

Elaine F. Needell 1/22/08 854-436-267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #