

**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 12, 2008**

**FILED  
Sep 12, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # A96000001444**

1. Entity Name  
**FLAMINGO PALMS LIMITED PARTNERSHIP**



Principal Place of Business <b>ATTN WORTHING SOUTHEAST 1501 NW 124TH TERRACE SUNRISE, FL 33323</b>	Mailing Address <b>300 N. LAKE AVE., STE. 620 PASADENA, CA 91101</b>
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**DO NOT WRITE IN THIS SPACE**



09092008 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>76-0510810</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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$900.00  
On or after September 12, 2008, Fee will be \$1000.00**

**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 #	F99000001349
NAME	GATEWAY GP SAWGRASS MILLS, INC.
STREET ADDRESS	300 N. LAKE AVE., STE. 620
CITY-ST-ZIP	PASADENA, CA 91101
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000959555  
09/12/08-80002-001 900.00

**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:** *Margaret O Shuler* **MARGARET O SHULER**  
VICE P... SECRETARY

Date: *9/4/08* Daytime Phone #: *826-564-0000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER