## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED** Mar 26, 2008 08:00 A **Due By May 1, 2008** Secretary of State **DOCUMENT # A96000001652** 1. Entity Name RYAN VENTURES, LTD. Principal Place of Business Mailing Address 700 EAST DANIA BEACH BLVD. 700 EAST DANIA BEACH BLVD. DANIA, FL 33004 **DANIA, FL 33004** 02082008 No Cha-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0692848 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RYAN, CHRISTOPHER J DO NOT WRITE 700 EAST DANIA BEACH BLVD. **DANIA, FL 33004** 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, 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 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. GENERAL PARTNER INFORMATION 12. P96000073790 U000000370774 DOCUMENT # 700 BUILDING, INC. 04/09/08-80105-008 500.00 NAME STREET ADDRESS 700 EAST DANIA BEACH BLVD. CITY-ST-ZIP **DANIA, FL 33004** DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP HIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP DOCUMENT #

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** 

STAPLE CHECK

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

> NTED NAME OF SIGNING GENERAL PARTNER SIGNATURE AND TYPED OR PR