

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 29, 2008 08:00 A
Secretary of State

DOCUMENT # A96000001746					
1. Entity Name SIGNATURE BUILDINGS LIMITED PARTNERSHIP					
Principal Place of Business 4 LAGUNA STREET, STE 201 FT. WALTON BEACH, FL 32548			Mailing Address 4 LAGUNA STREET, STE 201 FT. WALTON BEACH, FL 32548		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3448438	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHWEIZER, WILLIAM T 4 LAGUNA STREET SUITE 201 FT WALTON BEACH, FL 32548			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A97000000743 SCHWEIZER FAMILY LIMITED PARTNERSHIP 4 LAGUNA ST., SUITE 201 FT. WALTON BEACH, FL 32548		STREET ADDRESS CITY-ST-ZIP	000000844126 02/12/08 80023-015 500.00	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			2-27-08 850-361-0179 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE