## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

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## FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # A96000001921** 08 MAY -7 PM 1: 52 SVN PARTNERSHIP, LTD. Principal Place of Business Mailing Address 333 S. TAMIAMI TRAIL., SUITE 101 333 S. TAMIAMI TRAIL., SUITE 101 VENICE, FL 34285 VENICE, FL 34285 Principal Place of Business - No P.O. Box # 3. Mailing Address 33 S. Tamjami Trail 33 S. Tamiami Suite, Apt. #, etc. Suite, Apt. #, etc. 04302008 Chg-LP CR2E003 (12/06) EDG <u>atiuc</u> <u>zute 203</u> Applied For 4. FEI Number ence 65-0705654 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, MICHAEL W Street Address (P.O. Box Number is Not Acceptable) 333 S. TAMIAMI TRAIL., SUITE 101 Tamiami Tra VENICE, FL 34285 enice 8. The above named entity sun e of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regis SIGNATURE agent and title if applic FILE NOW!!! FEE \$\$ \$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 ADDRESS CHANGES ONLY DOCUMENT # P96000016806 STREET ADDRESS S, Tamiami Trail, Sted3 WATERFORD ISLAND VENTURES INC NAME STREET ADDRESS 333 S. TAMIAMI TRAIL., SUITE 101 CITY-ST-ZIP CiTY-ST-7IP VENICE, FL 34285 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP <u>900128678929</u> DOCUMENT # 05/07/08--01002--014 \*\*500.00 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of execute his report as required by Chapter 627 Florida Statutes. SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNE