2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A96000002516

1. Entity Name

PLANTATION TOWNE MALL, LTD.



Principal Place of Business

1655 DREXEL AVENUE, SUITE 208 MIAMI BEACH, FL 33139

Mailing Address

1655 DREXEL AVENUE, SUITE 208 MIAMI BEACH, FL 33139

FILED May 05, 2008 08:00 Al Secretary of State



04222008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0724819 Applied For Not Applicable

5. Certificate of Status Desired

A

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

RAPPORT, MORRIS 1655 DREXEL AVENUE, SUITE 208 MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing tions of registered agent.	g its registered office or registered agent, or both, in t	he State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and tirle if applicable		DATE
Signature, typed or philled name or rogistered agent and their applicable			DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$		
	A GENERAL PARTNER THAT IS A BUSINESS NOTE: General Partners MAY NOT be changed o		
12.	GENERAL PARTNER INFORMATION	6.1	
DOCUMENT #	P95000019691		
NAME	PLANTATION TOWNE SQUARE, INC.		, ,
STREET ADDRESS	1655 DREXEL AVENUE, SUITE 208		HODDOOAAAAA
CITY-ST-ZIP	MIAMI BEACH, FL 33139		U00000948686 06/02/08-80065-008-508,75
DOCUMENT #		1	101 051 00 - 20002 - 010 0 200 12 -
NAME			
STREET ADDRESS			•
CITY-SI-ZIP			•
DOCUMENT #			
NAML			
STREET ADORESS		I DO NO	OT WRITE
CHY-\$T-ZIP			
DOCUMENT #		─l IN THI	S SPACE
NAME			
STREET ADDRESS			•
C11Y-\$1-ZIP			
DOCUMINI#		· ·	
NAME			
STREET ADDRESS		·	
CITY-S1-ZIP			
DOCUMENT #			•
NAME			

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:

STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/23/08

Daytime Phone #