

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 14 AM 11: 23

DOCUMENT # A97000000099

1. Entity Name
MIZNER LAKE ESTATES, LIMITED PARTNERSHIP



Principal Place of Business
1200 S. ROGERS CIRCLE, SUITE #11
BOCA RATON, FL 33487

Mailing Address
1200 S. ROGERS CIRCLE, SUITE #11
BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE



01072008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0716554	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDBERG, DONNA M
1200 S ROGERS CIRCLE, #11
BOCA RATON, FL 33487

**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 *Donna M. Sandberg*
Signature, typed or printed name of registered agent and title, applicable.

DATE *3/3/08*

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

000120879610
03/21/08--01008--017 **500.00

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 # P96000097976
NAME MIZNER LAKE ESTATES, INC.
STREET ADDRESS 1200 S. ROGERS CIRCLE, #11
CITY-ST-ZIP BOCA RATON, FL 33487

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *LEONARD ALBANESE, GENERAL PARTNER*, 1/31/08 361-994-1375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #