

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

<b>DOCUMENT # A97000000254</b>		
1. Entity Name SUGAR HILL APARTMENTS, LTD.		

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 12 AM 9:15

Principal Place of Business 8500 N.W. 25 AVENUE MIAMI, FL 33147	Mailing Address 8500 N.W. 25 AVENUE MIAMI, FL 33147
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02042008 Chg-LP CR2E003 (12/06)

City & State	City & State	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip	Country	Zip	Country

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

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
WASHINGTON, LYNN C % HOLLAND & KNIGHT 701 BRICKELL AVE., SUITE 3000 MIAMI, FL 33147		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

800120727008  
 03/19/08 01027 010 DATE \*\*\$808.75

**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 #	P05000128228	STREET ADDRESS	
NAME	ULGM SUGAR HILL, INC.	CITY-ST-ZIP	
STREET ADDRESS	8500 N.W. 25 AVENUE		
CITY-ST-ZIP	MIAMI, FL 33147		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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 to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [Signature] Date: 02/06/08 Daytime Phone #: 305/696-4450

STATE OF FLORIDA