


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

DOCUMENT # A97000000258		
1. Entity Name DEL PRADO GARDENS, LTD.		

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 26 AM 8: 04

Principal Place of Business 155 SOUTH MIAMI AVENUE SUITE 850 MIAMI, FL 33131	Mailing Address 155 SOUTH MIAMI AVENUE SUITE 850 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # 2828 Coral Way Suite, Apt. #, etc. 500	3. Mailing Address 2828 Coral Way Suite, Apt. #, etc. 500
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03182008 Chg-LP CR2E003 (12/06)

City & State Miami, FL	City & State Miami, FL
Zip 33145	Country U.S.A

4. FEI Number 65-0751464	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARRFOUR SUPPORTIVE HOUSING, INC. 155 SOUTH MIAMI AVENUE SUITE 850 MIAMI, FL 33130
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7. Name and Address of New Registered Agent Name CARRFOUR SUPPORTIVE HOUSING, INC. Street Address (P.O. Box Number is Not Acceptable) 2828 Coral Way Suite 500 City Miami FL Zip Code 33145
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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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**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 # N93000000642	NAME CARRFOUR CORPORATION	STREET ADDRESS 2828 Coral Way Suite 500	
STREET ADDRESS 155 SOUTH MIAMI AVENUE, STE. 850		CITY-ST-ZIP Miami, FL 33145	
CITY-ST-ZIP MIAMI, FL 33130			
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 03/25/08--01023--003 \*\*500.00

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] 3/21/08 (305) 371-8300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STATE CHECK HERE