


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

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000000259**

1. Entity Name  
**HOWARD PARK, LTD.**



Principal Place of Business  
**1615 N.W. FIRST AVENUE**  
**FLORIDA CITY, FL 33034**

Mailing Address  
**1615 N.W. FIRST AVENUE**  
**FLORIDA CITY, FL 33034**

**DO NOT WRITE IN THIS SPACE**



02272008 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>65-0799747</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CLAYTON, LOVEY**  
**1615 NW FIRST AVENUE**  
**FLORIDA CITY, FL 33034**

**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 \_\_\_\_\_ 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	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	<b>CLAYTON, LOVEY</b> <b>1615 NW FIRST AVENUE</b> <b>FLORIDA CITY, FL 33034</b>
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	<b>CLAYTON, DAVID</b> <b>1615 NW FIRST AVENUE</b> <b>FLORIDA CITY, FL 33034</b>
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 05/27/08-80003-015 508.75

**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:** Lovey Clayton **Lovey Clayton** 4/28/08 (786)295-0044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #