2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

STAPLE CHECK HERE

FILED Mar 24, 2008 08:00 A Secretary of State

1. Entity Nam	ne	# A970000 00 ERTIES, LTD.	512	.^			Secre	etary of St
Principal Place of Business Mailing Address 1850 SE 17TH ST 1850 SE 17TH ST SUITE 300 SUITE 300 FT. LAUDERDALE, FL 33316 FT. LAUDERDALE, FL 3.							914 18 14 18 31 1816	Y 8/184 11818 YYDISH OX 4781
2. Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02252008 Chg-LP	CR2E00	03 (12/06)
City & State			City & State		4. FEI Number 65-0742563		Applied For Not Applicable	
Zip	Zip Country		Zıp	Cour	ntry	5. Certificate of Status Desired		8.75 Additional oe Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name			
HUDSON, STEVEN W 1850 SE 17TH ST STE 300					Street Address (Street Address (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE, FL 33316			City		City		— 1	Zip Code
O The shave			the purpose of changing its	i - t	•	ed agent, or both, in the State of	FL.] '
the obligat	tions of regist	y submits this statement for tered agent.	rthe purpose of changing its	s register	ea bilice or register	ed agent, or both, in the state of	rionda. Tamia	miliar with, and accept
SIGNATURE							DATE	
		FILE NOW After May 1, 2	/III FEE IS \$500.00 008, Fee will be \$90	0.00				
	A G NOTE:	SENERAL PARTNER T	HAT IS A BUSINESS EN Y NOT be changed on t	ITITY N	UST BE REGIST	TERED AND ACTIVE WITH 1 at must be filed to change a	HIS OFFICE	ner.
12.						ADDRESS CHANGES ONLY		
DOCUMENT # NAME	P9600002 BRILAND	20665 PROPERTIES, INC.	STREET ADDRE		EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	1850 SE 1	17TH ST, STE 300 ERDALE, FL 33316		CITY	'-ST-ZIP			
DOCUMENT # NAME				STR	EET ADDRESS	i town.		
STREET ADDRESS CITY-ST-ZIP	:			CITY	'-ST-ZIP	94/08/08-80077-025 500.00		-025 500 . 00
DOCUMENT #				STRI	EET ADDRESS			
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DOCUMENT # NAME		•		STRI	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	•		
DOCUMENT #			STRE		EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	, 				-ST-ZIP			
14. I hereby of indicated or the rec	certify that the on this report eiver or truste	e infortetion supplied with t is true and accurate and t ee expowered to execute t	this filing does not qualify fi that my signature shall have his report as required by Ch	or the ex the same apter 62	xemptions contained e legal effect as if m 0, Florida Statutes	d in Chapter 119, Florida Statute hade under oath; that I am a Gen	s. I further certil eral Partner of t	ly that the information ne limited partnership