2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A97000000896

1. Entity Name
NORTH PORT VILLAGE SHOPPING CENTER ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
506 S. DIXIE HWY	506 S. DIXIE HWY
HALLANDALE, FL 33009	HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

02222008 No Chg-LP   CR2E003 (12/06)

4. FEI Number	Applied For
65-0755524	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PUYANIC, MAX D
51 SW 9 STREET
MIAMI, FL 33130

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

U00000884154
04/17/08-80032-017 500.00
DATE

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 #	L04000071641
NAME	NORTH PORT VILLAGE SHOPPING CENTER, LLC
STREET ADDRESS	506 S. DIXIE HIGHWAY
CITY-ST-ZIP	HALLANDALE, FL 33009

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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: _____ Shaul Rikman _____ 4/01/08 _____ (954)455-2822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #