

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 1:27

DOCUMENT # A97000000939

1. Entity Name
 MICHIGAN AVE COMMERCE CENTER LTD.



Principal Place of Business
 921 WEST EMMETT STREET
 KISSIMMEE, FL 34741

Mailing Address
 P.O. BOX 420521
 KISSIMMEE, FL 34742-0521

2. Principal Place of Business - No P.O. Box #
 716 Hughey St

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Kissimmee, FL
 Zip
 34741
 Country
 USA

City & State
 Zip
 Country

02112008 Chg-LP CR2E003 (12/06)

4. FEI Number
 65-0758464
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HAND, RONALD M
 921 WEST EMMETT STREET
 KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 716 Hughey St
 City Kissimmee FL Zip Code 34741

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.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

200127322422
 04/30/08--01018--007 **500.00

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 # L19243
 NAME TRIGON ASSET MANAGEMENT CORP.
 STREET ADDRESS 921 WEST EMMETT STREET
 CITY-ST-ZIP KISSIMMEE, FL 34741

13. ADDRESS CHANGES ONLY

STREET ADDRESS 716 Hughey St
 CITY-ST-ZIP Kissimmee, FL 34741

DOCUMENT #
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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] 3-13-08

Date

Daytime Phone #

STAPLE CHECK HERE