


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

<b>DOCUMENT # A97000001009</b> 1. Entity Name <b>VERO BEACH LANDINGS LIMITED PARTNERSHIP</b>	
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**FILED**

**08 FEB 21 PM 2:22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business <b>721 NE 3RD AVE. FORT LAUDERDALE FL 33304</b>	Mailing Address <b>721 NE 3RD AVE. FORT LAUDERDALE FL 33304</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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4. FEI Number <b>65-0757358</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

1st MOORE CR2E003 (10/07)

<b>6. Name and Address of Current Registered Agent</b> <b>DOERING, RALPH H PALMETTO STATES PROPERTIES 721 NE 3RD AVENUE FORT LAUDERDALE FL 33304</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable.</small>	DATE _____

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	P95000083892
NAME	PALMETTO STATES PROPERTIES, INC.
STREET ADDRESS	721 NE 3RD AVE
CITY-ST-ZIP	FORT LAUDERDALE FL 33304
DOCUMENT #	P97000032057
NAME	SUNBELT PROPERTY INVESTORS, INC.
STREET ADDRESS	2818 NE 28TH ST
CITY-ST-ZIP	FORT LAUDERDALE FL 33306
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>500118964585</b>
CITY-ST-ZIP	<b>02/28/08--01004--001 **\$500.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<b>1/23/08 (954) 525-0210</b> <small>Date Daytime Phone</small>
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STAPLE CHECK HERE