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

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CHECK

SIGNATURE:

## **FILED** Feb 06, 2008 08:00 AN Secretary of State DOCUMENT # A97000001094 PADGET-DEKKER HOLDINGS, LTD. Principal Place of Business Mailing Address 611 FRANCES STREET **611 FRANCES STREET** KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business - No P.C. Bex # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/07) City & State City & State Applied For 4. FEi Number 65-0800620 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo PADGET, JOHN R Street Address (P.O. Box Number is Not Acceptable) **611 FRANCES STREET** KEY WEST FL 33040 Zip Code 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, typed or printed name of registerial agent and ittent apolicable CATE 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # P97000032483 STREET ADDPESS NAME PADGET-DEKKER HOLDINGS, INC. STREET ADDRESS 611 FRANCES STREET CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 DOCUMENT # STREET ADDRESS HAME STREFT ADDRESS 02/15/08-80050-006 500.00 CHY-S1-ZIP CITY-ST-76 DOCUMENT # STREET ADDRESS MARIE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOQUMENT > STREET ADDRESS NAN STRE 7 ADDRESS CITY-ST-ZIP CHTY-**G**1-2IP DOCUMENT# STREET ADDRESS NAME STHEET ADDINESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 ris report as required by Chapter 620. Florida Statutes

Date

Distinc Phose #

AME OF SIGNING GENERAL PARTNER