2008 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2008 ÉI ED **DOCUMENT # A97000001144** 1. Entity Name 08 JAN 15 PM 2:59 SAPERSTEIN ENTERPRISES, LIMITED PARTNERSHIP SECHETARY OF STATE FALLAHASSEE FLORIDA Principal Place of Business Mailing Address 701 SW 142ND AVE., PLYMOUTH S 101 701 SW 142ND AVE., PLYMOUTH S 101 PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027 01042008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0766115 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent SAPERSTEIN, ALLAN R DO NOT WRITE 701 SW 142ND AVE., PLYMOUTH S 101 PEMBROKE PINES, FL 33027 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 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 4 P97000043765 NAME SAPERSTEIN, INC. STREET ADDRESS 701 SW 142ND AVE., PLYMOUTH S101 CITY-ST-ZIP PEMBROKE PINES, FL 33027 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT #

14. I hereby certify that the information supplied with this High 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 reprired by Chapter 620, Florida Statutes

CHECK

NAME, STREET ADDRESS