## **2008 LIMITED PARTNERSHIP ANNUAL REPORT** Due By May 1, 2008

## **FILED** Mar 03, 2008 08:00 A ate

DOCUMENT # A9700001349  1. Entity Name TFP HOLDINGS, LTD.			Secretary of St				
Principal Place 183-05 BISC SUITE 304 AVENTURA, I		Mailing Address 183-05 BISCAYNE BLVD SUITE 304 AVENTURA, FL 33160	`				
				. 02112008 No Chg-LP CR2E003 (12/06)			
DO NOT WRITE IN THIS SPA			CE,	4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
				5. Certificate of Status Desired		.75 Additional Required	
	6. Name and Address of Current Re	egistered Agent		The state of the s	×		
TIROSH, PETER 183-05 BISCAYNE BLVD SUITE 304 AVENTURA, FL 33160				DO NOT W IN THIS SF			
	named entity submits this statement for t ions of registered agent.	he purpose of changing its register	ed office or register	ed agent, or both, in the State of Fig	orida. I am fam	iliar with, and accept	
Signature, typed or printed name of registered agent and title if applicable				DATE			
	After May 1, 20	II FEE IS \$500.00 08, Fee will be \$900.00 AT IS A BUSINESS ENTITY N NOT be changed on the form	IUST BE REGIST n; an amendmen	TERED AND ACTIVE WITH TH	IIS OFFICE. eneral partne	er.	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER I TIROSH, PETER 183-05 BISCAYNE BLVD,#304 AVENTURA, FL 33160	NFORMATION  It.,		근 것이 그 - 한 도시 그런데 한 그런데 생각하게 하면 바다 하다.	845186 80003-62	6 500 00	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WI	Land Charles and Application		

STAPLE CHECK HERE

NAME STREET ADDRESS

CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not mustify 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 agriculture 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER