

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000001781 1. Entity Name MORAR FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 2706 ORLANDO DRIVE SANFORD, FL 32773-5312	Mailing Address 2706 ORLANDO DRIVE SANFORD, FL 32773-5312
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DO NOT WRITE IN THIS SPACE

01072008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3468922	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KANE, STEVEN H ESQ.
1061 MAITLAND CENTER COMMONS, STE. 106
MAITLAND, FL 32751

DO NOT WRITE 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 _____ DATE _____
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 #	P97000063296
NAME	BSM PROPERTIES, INC.
STREET ADDRESS	2706 ORLANDO DRIVE
CITY-ST-ZIP	SANFORD, FL 327735312
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000842877
03/11/08-80048-001 500.00

STAPLE CHECK HERE

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: *Govind N. Moran* *Govind N. Moran* *2/22/2008*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #