

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:49

DOCUMENT # A97000001862 1. Entity Name MERIDIAN COMMERCIAL PROPERTIES LIMITED PARTNERSHIP					
Principal Place of Business 6111 BROEKN SOUND PARKWAY NW, SUITE 350 BOCA RATON, FL 33487			Mailing Address 6111 BROEKN SOUND PARKWAY NW, SUITE 350 BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box # 6111 Broken Sound Parkway NW Suite 350		3. Mailing Address 6111 Broken Sound Parkway NW Suite 350			
City & State _____		City & State _____		4. FEI Number 38-3400454	
Zip _____		Zip _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CROWE, MELISSA 6111 BROKEN SOUND PKWY, NW STE. 350 BOCA RATON, FL 33487				Name _____	
				Street Address (P.O. Box Number is Not Acceptable) _____	
				City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P97000074863		STREET ADDRESS		
NAME	HSGS, INC.		CITY-ST-ZIP	300129574183 05/15/08--01006--022 **500.00	
STREET ADDRESS	20500 CIVIC CENTER DRIVE #3000				
CITY-ST-ZIP	SOUTHFIELD, MI 48076				
DOCUMENT #			STREET ADDRESS		
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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					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Melissa Crowe 4/25/08 (561)988-1982 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE