



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

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A97000001909</b> 1. Entity Name EAST INLET PARTNERS, LTD.	
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Principal Place of Business 113 EAST INLET DRIVE PALM BEACH, FL 33480	Mailing Address 113 EAST INLET DRIVE PALM BEACH, FL 33480
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<b>DO NOT WRITE IN THIS SPACE</b>
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01282008 No Chg-LP	CR2E003 (12/06)
4. FEI Number 65-0786752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  OHL, ROBERT C 113 EAST INLET DRIVE PALM BEACH, FL 33480
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____

<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>
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<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>
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<b>12. GENERAL PARTNER INFORMATION</b>	
DOCUMENT #	
NAME	OHL, ROBERT C
STREET ADDRESS	113 EAST INLET DRIVE
CITY-ST-ZIP	PALM BEACH, FL 33480
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<p>U000000862105 04/03/08-80034-020 500.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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	
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SIGNATURE:  ROBERT C. OHL	Date: 3/14/08	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		

STAPLE CHECK HERE