

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 APR 21 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000001914

1. Entity Name
OUT A MIND, LTD.



Principal Place of Business
**121 ALHAMBRA PLAZA, PH I, SUITE 1600
CORAL GABLES, FL 33134**

Mailing Address
**121 ALHAMBRA PLAZA, PH I, SUITE 1600
CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE



01142008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0779924	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RENTZ, R. LARRY
121 ALHAMBRA PLAZA, PH I, SUITE 1600
CORAL GABLES, FL 33134**

**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 #	P97000075376
NAME	OUT A MIND, INC.
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134

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600123961016
04/18/08--01007--023 **500.00

**DO NOT WRITE
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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

SIGNATURE: *[Signature]* **1-18-08 305-443-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE