


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

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

<b>DOCUMENT # A97000002022</b> 1. Entity Name <b>STEPELTON PARTNERS LIMITED</b>	
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Principal Place of Business <b>5110 N FEDERAL HWY SUITE 100 FT LAUDERDALE, FL 33308</b>	Mailing Address <b>5110 N FEDERAL HWY SUITE 100 FT LAUDERDALE, FL 33308</b>
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01082008 No Chg-LP

CR2E003 (12/06)

4. FEI Number <b>65-0784566</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>SCIARRETTA, STEVEN A P.A. 2300 GLADES ROAD, SUITE 302E BOCA RATON, FL 33431</b>
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**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 #	P97000080245
NAME	STEPELTON ADVISORS, INC.
STREET ADDRESS	5110 N. FEDERAL HWY., STE. #100
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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04/03/08-80049-010-500.00

**DO NOT WRITE  
IN THIS SPACE**

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:**  **3/14/08** **954-776-3386**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #