


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000002076 1. Entity Name DEERWOOD, LTD.	
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Principal Place of Business 1000 BRICKELL AVENUE, SUITE 1015 MIAMI, FL 33131	Mailing Address 1000 BRICKELL AVENUE, SUITE 1015 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



02182008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0786193	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

**RILEA DEERWOOD CORP.
1000 BRICKELL AVENUE, SUITE 1015
MIAMI, FL 33131**

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 #	P97000081907
NAME	RILEA DEERWOOD CORP.
STREET ADDRESS	1000 BRICKELL AVENUE, SUITE 1015
CITY-ST-ZIP	MIAMI, FL 33131
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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U000000876399
04/11/08-80072-004 500.00

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:  **Feb 19 08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE