


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

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

DOCUMENT # A97000002559 1. Entity Name 263 HUNT PARK COVE, LTD.	
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Principal Place of Business 1671 GLEN ETHEL LANE LONGWOOD, FL 32779	Mailing Address 1671 GLEN ETHEL LANE LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3480297	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 PRICE, PAMELA O 301 EAST PINE STREET, SUITE 1400 ORLANDO, FL 32801

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 _____
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	400000007703 02/07/08-80018-020 500.00
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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 #	P97000096259
NAME	BURMAN ASSOCIATES, INC.
STREET ADDRESS	1671 GLEN ETHEL LANE
CITY-ST-ZIP	LONGWOOD, FL 32779
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Susan Burman 1-28-08 407-339-1534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE