2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

	Due By May 1, 2008							0500-	ILEU	
	DOCUI 1. Entity Name 68, LTD.		#A970000	02886			SECRETARY OF STATE TALLAHASSEE. FLORIDA 08 MAY -1 PM 12: 28			
	Principal Place of Business Mailing Address						1			
		450 WEST 68 STREET 1450 WEST 68 STREE ALEAH, FL 33014 HIALEAH, FL 33014						200 (200 Sept. 200)	1 65 18 55 115 455 1 16	
	2. Principal Place of Business - No P.O. Box #			3. Mailing Address	3. Mailing Address					
	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			02262008	Chg-LP	CR2E003	(12/06)
	City & State ~			City & State	,		4. FEI Number 65-0801			Applied For Not Applicable
	Zip	Zip Country		Zip				f Status Desired	□ Fee	.75 Additional Required
}	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
	BELLO, ELIZABETH 1460 WEST 68 STREET HIALEAH, FL 33014					Street Address (bello Elizabeth ess (P.O. Box Number is Not Acceptable) 1450 West 68 St.			:
						City Hiale	ah		FL	Zip 33014
	The above named entity submits this statement for the purpose of changing its registered agent. SIGNATURE Signature, typed or printed name of registered, agent and tale if applicable.						ed agent, or both	, in the State of Flo	DATE	iliar with, and accept
}	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00						40 04/30	00127: //0801018	3232	3 4 **500.00
Ī	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.									
ŀ	12.							ADDRESS CHA	 	
	DOCUMENT / NAME	68, INC.				STREET ADDRESS				
	STREET ADDRESS 1450 WEST 68 STREET CITY-ST-ZIP HIALEAH, FL 33014				СІТ	CITY-ST-ZIP				
	DOCUMENT / NAME STREET ADDRESS				STI					
-	CITY-ST-ZIP	TY-ST-ZIP				Y-ST-ZIP				
	NAME STREET ADDRESS					REET ADDRESS				
	CITY-ST-ZIP DOCUMENT #	1P				Y-ST-ZIP	***************************************			
	NAME STREET ADDRESS					REET ADDRESS				
STAPLE CHECK HERE	CITY-ST-ZIP DOCUMENT #				-	Y-SI-ZIP				.
	NAME Street address					Y-ST-ZIP			·	
	DOCUMENT #	:		· · · · · · · · · · · · · · · · · · ·	STF	REET ADDRESS				
SI	NAME STREET ADDRESS CITY-ST-ZIP					Y-ST-ZIP				
Ì	14. I hereby of indicated	on this repo	ort is true and accurate	d with this filing does not quali and that my signature shall ha cute this report as required by	ive the san	ne legal effect as il n	d in Chapter 119 nade under oath;	, Florida Statutes. that I am a Gener	I further certify al Partner of th	that the information e limited partnership
	SIGNAT	TURE:	SIGNATURE ARTI TYP	ED OR PRINTED NAME OF SIGNING GET	NERAL PARTI	Y-6	30-08	30 Oate	5-55	70604