


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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 1:08

<b>DOCUMENT # A97000002911</b> 1. Entity Name MCCOMAS GROUP, LTD.	
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Principal Place of Business 9769 S. DIXIE HIGHWAY, SUITE 2950 MIAMI, FL 33156	Mailing Address 9769 S. DIXIE HIGHWAY, SUITE 2950 MIAMI, FL 33156
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc. <b>Suite 103</b>	3. Mailing Address  Suite, Apt. #, etc. <b>Suite 103</b>	City & State  City & State
Zip -- Country	Zip -- Country	



02202008 Chg-LP CR2E003 (12/06)

4. FEI Number <b>65-0808678</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  DANIELS, NICHOLAS M ESQ. THERREL BAISDEN, P.A., SUITE 2950 SUNTRUST INTNL. CEN. ONE S.E. 3RD AVE MIAMI, FL 33131	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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**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	13. ADDRESS CHANGES ONLY												
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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

<b>SIGNATURE:</b> 	Date <b>2/28/08</b>	Daytime Phone #
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STAPLE CHECK HERE