2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2008

FILED May 01, 2008 08:00 AN Secretary of State DOCUMENT # A97000002937 JORDAN SEASIDE LIMITED PARTNERSHIP Principa: Place of Business Mailing Address 14 CREST PLACE MILFORD CT 06460 14 CREST PLACE MILFORD CT 06460 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apl. #. etc. 1st MOORE CR2E003 (10/07) City & State City & State Applied For 06-1502350 Not Applicable Ζιρ $Z_{!}p$ Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OLIVE, CAROLYN D Street Address (P.O. Box Number is Not Acceptable) 2039 CENTRE POINTE BLVD., SUITE 201 TALLAHASSEE FL 32301 City Zin Code 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 | Squature (viced b) printed name of registerab agent and or σ (applicable FILE NOW!!! Fee is \$500. *** After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State : 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 ADDRESS CHANGES ONLY DOCUMENT ≠ P97000108771 U00000938744 STREET ADDRESS NAME JORDAN SEASIDE CORPORATION <u>/27/08-80102-012 500.00</u> 14 CREST PLACE STREET ADDRESS CITY-ST-ZIP Offy-ST-ZIP MILFORD CT 06460 DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP SITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS. MAKE STREET ADDRESS City-St-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET AGGRESS CITY-SI-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MALAF

14. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter (19, Florida Statutes,) further certify that the information indicated on this report is true and accurate and that my signature shall have the same legat effect as if made under path; 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 203 878-0927

CITY-ST-ZIP

STREET ADDRESS

CIDY-ST-ZIP

CHECK HERE

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