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

## FILED Mar 31, 2008 08:00 AN Secretary of State

	Due By M	iay 1, 2008			, Mar	31, 2008 08:0
1. Entity Nan	MENT # A97000002 Ally, LTD.	2942	, ,4		S	secretary of Sta
31075 CORT	ce of Business TEZ BLVD. .E, FL 34602	Mailing Address 31075 CORTEZ BLV BROOKSVILLE, FL 3				BIII NAIIY ABRIN IISIN INIA ALBIN WAYNI DI ISDI
					01032008 No Chg-LP	CR2E003 (12/06)
	O NOT WRITE		SPAC		4. FEI Number 59-6520269  5. Certificate of Status Desired	Applied For Not Applical  \$8.75 Additional Fee Required
	6. Name and Address of Current ID R RTEZ BLVD. /ILLE, FL 34602	Registered Agent	,		DO NOT W IN THIS SI	PACE
	named entity submits this statement folions of registered agent.  Signature typed or printed name of registered agent.		its registere	d office or register	ed agent, or both, in the State of F	florida. I am familiar with, and acce
-	FILE NOV After May 1, 2	W!!! FEE IS \$500.00 2008, Fee will be \$9 THAT IS A BUSINESS (	OO.OO ENTITY MU	JST BE REGIST	ERED AND ACTIVE WITH T	-80072 001 500 00
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS	GENERAL PARTNE HILL, DAVID R 31075 CORTEZ BLVD. BROOKSVILLE, FL 34602				DO NOT W IN THIS SP	RITE ACE
CITY-ST-ZIP  DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT #						

14. I hereby certify that the information supplied with this filling 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 of the powered to execute this paper as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/28/08

352.796-7284

Daytime Phone #