

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

FILED
Jul 14, 2008 08:00 AM
Secretary of State

DOCUMENT # A98000000301

1. Entity Name
GRATIGNY PARTNERS, LTD.



Principal Place of Business
14445 N.E. 20TH LANE
NORTH MIAMI, FL 33181

Mailing Address
2121 PONCE DE LEON BLVD., SUITE 1100
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



07092008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
65-0829728

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, MICHAEL B CPA
2121 PONCE DE LEON BLVD., #1100
CORAL GABLES, FL 33134

**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.

DATE

FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 # P98000007553
NAME GRATIGNY MANAGERS, INC.
STREET ADDRESS 14445 N.E. 20TH LANE
CITY-ST-ZIP NORTH MIAMI, FL 33181

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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U00000954720
07/14/08-80013-005 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE