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

	Due By May 1, 2008							FILED	ヘエレエピ	
ſ	DOCUMENT # A9800000358  1. Entity Name							ETARY OF HASSEE, F	STATE LORID <b>A</b>	
i	SAND LAKE POIN	!			08 H/	AR 28 AM	g: 38			
	Principal Place of Business 707 MENDHAM BLVD, SU ORLANDO, FL 32825	TE 201								
	2. Principal Place of Busine	nes - No PA Boy#	3. Mailing Address	-						
	495 N. Keller Rd.		495 N. Keller Rd.		T TABLERI DETA SATAH TATIK BERTI BERTI BERTI BERTI BERTI BERTI BERTA DIKEN BIHAN TERLEBI EN TERLEBI EN TERLEBI Berti					
	Suite, Apt. #, etc.         Suite, Apt. #, etc.           Ste. 301         Ste. 301						02292008	Chg-LP	CR2E0	03 (12/06)
	City & State Maitland, FL	Maitland, FL		City & State Maitland, FL			4. FEI Number 58-2374			Applied For Not Applicable
	<sup>Zip</sup> 32751	Country USA	Zip Cou 32751		ntry USA		5. Certificate o	of Status Desired		\$8.75 Additional Fee Required
F	Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
	VOGT, LOUIS E 707 MENDHAM BLVD, STE 201 ORLANDO, FL 32825				Louis E. Vogt Street Address (P.O. Box Number is Not Acceptable)					
					City			d., Ste. 30	)1 FL	Zip Code
	The above named entity submits this statement for the purpose of changing at registrate obligations of registered scent.				ed office or	Mait] registere	and ed agent, or both	, in the State of Flo		familiar with, and accept
	SIGNATURE Signature, typed or proposed name of registered agent and title if applicable.						ogt.	***	3/14 DATE	/08
	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.  DOCUMENT # L06000069			13.						
	STREET ADDRESS 707 MEND	D LAKE POINTE, LLC HAM BLVD STE 201 J. FL 32825			ST-ZIP		495 N. Keller Rd., Ste. 401  Maitland, EL 32751			
ŀ	DOCUMENT # NAME	,1 L 32023		STREE	ET ADDRESS	raic	aru, r.	92 / 51		
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}	DOCUMENT #		, <u>-</u>	STREE	et address			<del>)                                    </del>		<del>403</del> **500.00
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-	STREET ADDRESS CITY-ST-ZIP			<u>. L</u>	ST-ZIP		<del></del>			
	<ol> <li>I hereby certify that the indicated on this report or the receiver or truste</li> </ol>	Information supplied with is true and accurate and empowered to execute.	this filing does not qualify for that my signature shall have the this report as required by that	or the ex- he same opter 620	emptions of legal effect), Florida S	contained ct as if m Statutes	d in Chapter 119, ade under oath;	Florida Statutes. that I am a Gener	l further cer al Partner of	tify that the information the limited partnership
	SIGNATURE:	SIGNATURE AND TYPED OR	PRINTED NAME OF RIGHING GENERAL		sE.	Vogt	3	14/08		7-478-1290 ayurne Phone #