


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 FEB 19 PM 1:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # A98000000509 1. Entity Name LA PLACE DU SOLEIL LIMITED PARTNERSHIP					
Principal Place of Business 201 W. CENTRE ST. MAHANAY CITY, PA 17948-2505			Mailing Address 201 W. CENTRE ST. MAHANAY CITY, PA 17948-2505		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0817531	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINKLER, HENRY 100 N.E. 20TH TERRACE DEERFIELD BEACH, FL 33441				7. Name and Address of New Registered Agent Name <u>William G. Brayford</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip 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: <u>William G. Brayford, LP</u> DATE: <u>2-4-08</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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		
DOCUMENT #	P98000016729		STREET ADDRESS		
NAME	LA PLACE DU SOLEIL, INC.		CITY - ST - ZIP		
STREET ADDRESS	201 W CENTRE STREET		200118555232 02/21/08--01037--024 **\$00.00		
CITY - ST - ZIP	MAHANAY CITY, PA 179482505				
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4. FEI Number 65-0817531 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

SIGNATURE: William G. Brayford, LP DATE: 2-4-08

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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

SIGNATURE: William G. Brayford 1-25-08 570-773-2585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE