

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

DOCUMENT # A98000000660	
1. Entity Name 1300 LAS OLAS PLACE LIMITED PARTNERSHIP	

FILED
08 FEB 21 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E003 (10/07)

Principal Place of Business 721 NE 3RD AVE. FT. LAUDERDALE FL 33304	Mailing Address 721 N.E. 3RD AVENUE FT. LAUDERDALE FL 33304
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0819471	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DOERING, RALPH H III PALMETTO STATES PROPERTIES, INC. 721 NE 3RD AVENUE FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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.

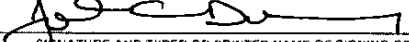
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and if not applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000083892	STREET ADDRESS	
NAME	PALMETTO STATES PROPERTIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	721 NE 3RD AVE		
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		
DOCUMENT #		STREET ADDRESS	800118964898
NAME		CITY-ST-ZIP	02/28/08--01004--005 **500.00
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STREET ADDRESS			
CITY-ST-ZIP			

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

1/23/08 (954) 525-0210
Date Deadline Filing #

STAPLE CHECK HERE