2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A98000000692

1. Entity Name

EHRHART REAL ESTATE LIMITED PARTNERSHIP



FILED Mar 10, 2008 08:00 A Secretary of State

Principal Place of Business

101 WEST VENICE AVENUE, SUITE 10 VENICE, FL 34285

Mailing Address

101 WEST VENICE AVENUE, SUITE 10 VENICE, FL 34285



DO NOT WRITE IN THIS SPACE

01152008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0821158

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARTLEY, MICHAEL T 101 WEST VENICE AVENUE, SUITE 10 VENICE, FL 34285

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 The above named entity submits this statement for the purpos the obligations of registered agent. 	e of changing its registered office or registered agent, or both. —	in the State of Florida. I am familiar with, and accept
SIGNATURE	NV6	DATE

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.

1	NOTE: General Partners MAY NOT be changed on the		
	12.	GENERAL PARTNER INFORMATION	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	N. JEAN TRAMMELL, TRUSTEE 101 WEST VENICE AVENUE, SUITE 10 VENICE, FL 34285	
-	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	JEAN R. EHRHART, TRUSTEE 101 WEST VENICE AVENUE, SUITE 10 VENICE, FL 34285	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL T. HARTLEY, TRUSTEE 101 WEST VENICE AVENUE, SUITE 10 VENICE, FL 34285	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
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14. Thereby 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:

DOCUMENT /
NAME
STREET ADDRESS
CITY: ST-ZIP

ONATION AND THOSE OF COMMENT OF CICAMINA CENTRAL PARTIES

3/1/08 9

941-485-8220