

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A98000001222

1. Entity Name
FLORIDA FOR PROFIT PARTNERS I, LTD.



Principal Place of Business
**3325 SO. UNIVERSITY DR., STE. #110
DAVIE, FL 33328**

Mailing Address
**3325 SO. UNIVERSITY DR., STE. #110
DAVIE, FL 33328**

FILED

08 FEB -8 PM 3:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01282008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0836791

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WINOCUR, RICARDO
3325 SO. UNIVERSITY DR., STE. #110
DAVIE, FL 33328**

**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
After May 1, 2008, Fee will be \$900.00**

**800118149388
02/15/08--01036--023 **500.00**

**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

DOCUMENT # **V42920**
NAME **TRIPLE NET, INC.**
STREET ADDRESS **3325 SO. UNIVERSITY DR., STE. #110**
CITY-ST-ZIP **DAVIE, FL 33328**

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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: *TRIPLE NET INC
150 GENERAL PARTNER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

RICARDO WINOCUR PRESIDENT

JAN 28 08 (954) 4757750

Date

Daytime Phone #

STAPLE CHECK HERE