

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

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000001374**

1. Entity Name

130 NORTH DIXIE HIGHWAY, LTD.



Principal Place of Business

166 HARVARD DRIVE  
LAKE WORTH FL 33460

Mailing Address

166 HARVARD DRIVE  
LAKE WORTH FL 33460



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

65-0847693

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E003 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPINELLI, PHILIP V  
166 HARVARD DRIVE  
LAKE WORTH FL 33460

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

Signature, typed or printed name of registered agent and fee if applicable

DATE

**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 # P98000049224  
NAME 130 NORTH DIXIE HIGHWAY, INC.  
STREET ADDRESS 166 HARVARD DRIVE  
CITY-ST-ZIP LAKE WORTH FL 33460

STREET ADDRESS

CITY-ST-ZIP

000000032988  
02/27/08 00082-005 500.00

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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:

*Philip V. Spinelli*

PHILIP V. SPINELLI

2/15/08

5615822796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Machine Print #

STAPLE CHECK HERE