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

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## **FILED** Feb 15, 2008 08:00 AM Secretary of State DOCUMENT # A98000001742 1. Entity Name LION'S LAIR AT GRASSY KEY, LTD. Principal Place of Business Mailing Address 1215 EAST HILLSBORO BOULEVARD 1215 EAST HILLSBORO BOULEVARD DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Scite. Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E003 (10/07) City & State City & State 4. FEI Number Applied For 65-0906491 Not Applicable Zip Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAUTTER, C. CHRISTIAN ESQ Street Address (P.O. Box Number is Not Acceptable) SEILER & SAUTTER, ATTORNEYS AT LAW 2900 EAST OAKLAND PARK BLVD., #200 FORT LAUDERDALE FL City 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 matter of registered agent and at elif 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 ADDRESS CHANGES ONLY 13. DOCUMENT # P98000057597 STREET ACURESS NAME LION'S LAIR, INC. STREET ADDRESS 1215 EAST HILLSBORO BOULEVARD CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP U00000830144 CITY-ST-ZIP <del>02/26/00-00071-023-500.00</del> DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT & STREET ADDRESS MAME STREET AGGRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP 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 outn; that I am a General Partner of the limited partnership or the receiver or trustee empowered receiver this report as required by Chapter 620, Florida Statutes

INTED NAME OF SIGNING GENERAL PARTNER