


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 22 PM 3: 50

DOCUMENT # A98000001759		
1. Entity Name ISAACSON ASSOCIATES PARTNERSHIP, LTD.		

Principal Place of Business 1605 MOUNT PLEASANT ROAD VILLANOVA, PA 19085	Mailing Address 1605 MOUNT PLEASANT ROAD VILLANOVA, PA 19085
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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	Zip	Country



05132008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0853980	Applied For 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 Wilmington Trust FSB (Resigned)		7. Name and Address of New Registered Agent Agents and Corporations, Inc. 300 5th Ave, South Suite 101-330 City Naples FL Zip Code 34102	
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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 <i>[Signature]</i> Vice President	DATE 5/14/08

FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	P00000027796	STREET ADDRESS	1605 MT. Pleasant Rd.
NAME	ISAACSON, INC.	CITY - ST - ZIP	Villanova, Pa 19085
STREET ADDRESS	4400 PGA BOULEVARD, SUITE 102		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

05/22/08 01024 DT \$500.00

STAPLE CHECK HERE

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	
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SIGNATURE:

Barbara Delheimer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/08

Date

610-525-9575

Daytime Phone #