


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 AM 10:01

DOCUMENT # A98000002070	
1. Entity Name CENROSS, LTD.	

Principal Place of Business 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401	Mailing Address 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401
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2. Principal Place of Business - No P.O. Box # 4650 Donald Ross Rd. Suite, Apt. #, etc. Suite 200 City & State Palm Beach Gardens FL	3. Mailing Address 4650 Donald Ross Rd. Suite, Apt. #, etc. Suite 200 City & State Palm Beach Gardens, FL
Zip 33418	Country
Zip 33418	Country



02282008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0861915	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROCK, PETER
 1551 FORUM PLACE, SUITE 100
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name Brock, Peter
 Street Address (P.O. Box Number is Not Acceptable)
 4650 Donald Ross Rd.
 Suite 200
 City Palm Beach Gardens FL Zip Code 33418

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.

4/3/08
 DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

200122542392
 04/08/08--01005--022 **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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P98000077011 CENROSS, INC. 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401	STREET ADDRESS CITY - ST - ZIP	4650 Donald Ross Rd. Suite 200 Palm Beach Gardens, FL 33418
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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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/3/08
 Date

Daytime Phone #

STAPLE CHECK HERE