


2008 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2008****FILED**
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # A98000002311 1. Entity Name PORTSMOUTH BUSINESS CENTER ASSOCIATES, LTD.	
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Principal Place of Business 2578 ENTERPRISE ROAD, #342 ORANGE CITY, FL 32763	Mailing Address 2578 ENTERPRISE ROAD, #342 ORANGE CITY, FL 32763
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DO NOT WRITE IN THIS SPACE



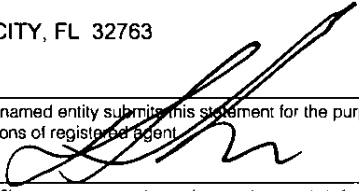
02072008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3536933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCLEAY, DAVID M 2578 ENTERPRISE RD SUITE 342 ORANGE CITY, FL 32763
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**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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>
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FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**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 #	P98000087155
NAME	PORTSMOUTH BUSINESS CENTER, INC.
STREET ADDRESS	2578 ENTERPRISE ROAD, #342
CITY-ST-ZIP	ORANGE CITY, FL 32763
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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NAME	
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CITY-ST-ZIP	

U00000850036
03/21/08-80045-015 500.00**DO NOT WRITE
IN THIS SPACE**

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**SIGNATURE** 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER3/4/08 3866683379
Date Daytime Phone #