


**. 2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008**

**FILED
Jun 30, 2008 08:00 AM
Secretary of State**

DOCUMENT # A98000002334
1. Entity Name
MATTHEWS REAL ESTATE PARTNERS, LTD.



Principal Place of Business
**10155 COLLINS AVE., NO. 1701
MIAMI BEACH, FL 33154**


Mailing Address
**10155 COLLINS AVE., NO. 1701
MIAMI BEACH, FL 33154**

2. Principal Place of Business - No PO Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip

Country



06032008 Chg-LP CR2E003 (12/06)

4. FEI Number
65-0864547

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**HELLER, DAN P ESQ
RUDEN MCCLOSKEY SMITH SCHUSTER & RUSSELL
701 BRICKELL AVENUE, SUITE 1900
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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 _____ DATE _____

**FILE NOW!!! FEE IS \$900.00
On or after September 12, 2008, Fee will be \$1000.00**

**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	MATTHEWS, MARK TRUSTEE 10155 COLLINS AVENUE, NO. 1701 MIAMI BEACH, FL 33154	STREET ADDRESS CITY-ST-ZIP	06/30/08-80002-001 900.00
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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: *Marjot Matthews* General Partner *6/27/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #

STAPLE CHECK HERE

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