## 2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

### DOCUMENT # A98000002520

STRATFORD POINT LIMITED PARTNERSHIP



**FILED** Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714 Mailing Address

247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714



## DO NOT WRITE IN THIS SPACE

03182008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3540942

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COSTOLO, W. TERRY ESQ. 301 E. PINE ST., STE 1400 ORLANDO, FL 32801

# DO NOT WRITE IN THIS SPACE

| <ol><li>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,<br/>the obligations of registered agent.</li></ol> | I am familiar with, and accept |
|---|--------------------------------|
| SIGNATURE Signature: typed or printed name of registered agent and title if applicable  | DATE:                          |

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

GENERAL PARTNER INFORMATION

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 #      | L99000007872                 |
|                                       | NAME            | PICERNE STRATFORD POINT, LLC |
| - 1                                   | STREET ADDRESS  | 247 NORTH WESTMONTE DRIVE    |
|                                       | CITY - ST - ZIP | ALTAMONTE SPRINGS, FL 32714  |
|                                       | DOCUMENT #      |                              |
| Ī                                     | NAME            |                              |
| ļ                                     | STREET ADDRESS  |                              |
| -[                                    | CITY-ST-ZIP     |                              |
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| Ì                                     | NAME            |                              |
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| CHECK TERM                            | CITY-ST-ZIP     |                              |
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| Ϊ.                                    | STREET ADDRESS  |                              |
| ,                                     | CITY-SI-ZIP     |                              |
| SIAPLE                                | DOCUMENT #      |                              |
| 5                                     | NAME            |                              |
| ~ [                                   | STREET ADDRESS  |                              |

## DO NOT WRITE IN THIS SPACE

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

Jan Heflinger

SIGNATURE:

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/25/08

(407) 772-0200

Daylime Phone #