


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 28 PM 2:57

DOCUMENT # A98000002596 1. Entity Name ADVANTAGE CAPITAL FLORIDA PARTNERS I, LIMITED PARTNERSHIP	
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Principal Place of Business 16750 GULF BOULEVARD NO. 416 ST. PETERSBURG, FL 33708	Mailing Address 909 POYDRAS STREET SUITE 2230 NEW ORLEANS, LA 70112
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2. Principal Place of Business - No P.O. Box # 201 East Kennedy Blvd.	3. Mailing Address Suite, Apt. #, etc. Suite 950
City & State Tampa, FL	City & State City & State
Zip 33602	Country Country



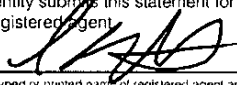
04142008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3542906	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 STULL, STEVEN T 16750 GULF BOULEVARD NO. 416 ST. PETERSBURG, FL 33708	7. Name and Address of New Registered Agent Name Stull, Steven T Street Address (P.O. Box Number is Not Acceptable) 201 East Kennedy Blvd., Suite 950 City Tampa FL Zip Code 33602
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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  DATE 4/17/08

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L98000002805	STREET ADDRESS	201 East Kennedy Blvd., Suite 950
NAME	ADVANTAGE CAPITAL FL GP I, L.L.C.	CITY - ST - ZIP	Tampa, FL 33602
STREET ADDRESS	16750 GULF BOULEVARD, NO. 416		
CITY - ST - ZIP	ST. PETERSBURG, FL 33708		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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STREET ADDRESS			
CITY - ST - ZIP			

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:  DATE 4/17/08 (319) 225-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE