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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 14 AM 8:15

DOCUMENT #A98000002605

1. Entity Name
LOSILLIAS REALTY LIMITED PARTNERSHIP

| Principal Place of Business | Mailing Address |
|---|---|
| 4022 LOSILLIAS DRIVE<br>SARASOTA, FL 34238 | 4022 LOSILLIAS DRIVE<br>SARASOTA, FL 34238 |

DO NOT WRITE IN THIS SPACE

02172008 No Chg-LP CR2E003 (12/06)

4. FEI Number
65-0877165

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, H. GREG
2014 FOURTH STREET
SARASOTA, FL 34237

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 _____ 3/6/2008
Signature, typed or printed name of registered agent and title if applicable. DATE

**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 # | P98000082301 |
| NAME | LOSILLIAS REALTY, INC. |
| STREET ADDRESS | 4022 LOSILLIAS DRIVE |
| CITY-ST-ZIP | SARASOTA, FL 34238 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
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| CITY-ST-ZIP | |

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200123071102
04/11/08--01048--003 **500.00

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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:** _____ 3/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #