

2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # A98000002715 1. Entity Name FILLMORE PROPERTY, LTD.	
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Principal Place of Business 2101 S. CONGRESS AVENUE DELRAY BEACH FL 33445	Mailing Address 2101 S. CONNGRESS AVE. DELRAY BEACH FL 33445
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 65-0881041	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ELMORE, GEORGE T 2101 S. CONGRESS AVE. DELRAY BEACH FL 33445	
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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.

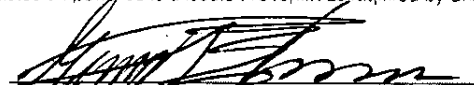
SIGNATURE _____
Signature, typed or printed name of registered agent and date if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	P98000042787	STREET ADDRESS	
NAME	FILLMORE PROPERTY COMPANY	CITY-ST-ZIP	11000000807799 02/07/08-80023-012 500.00
STREET ADDRESS	2101 S. CONGRESS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **1-28-8** **561-275-0458**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date (Date of Filing)

STAPLE CHECK HERE