


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 05, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # A98000002844 1. Entity Name DAMATOW FAMILY LIMITED PARTNERSHIP |  |
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|--|--|
| Principal Place of Business 110 NE 40TH STREET MIAMI, FL 33137 | Mailing Address 110 NE 40TH STREET MIAMI, FL 33137 |
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| DO NOT WRITE IN THIS SPACE |
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03032008 No Chg-LP

CR2E003 (12/06)

| | |
|------------------------------------|--|
| 4. FEI Number 65-0927863 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DAMATOV, DAVID 10744 RICHMOND PLACE COOPER CITY, FL 33026 |
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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.

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|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE _____ |
|--|------------|

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| FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 | |
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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 # | L98000003363 |
| NAME | DAMATOW MANAGEMENT, LC |
| STREET ADDRESS | 110 NE 40TH STREET |
| CITY-ST-ZIP | MIAMI, FL 33137 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
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U00000848714
03/20/08-80029-002 508.75

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:  | 2-29-08 | 305-573-5619 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | <small>Date</small> | <small>Daytime Phone #</small> |

STAPLE CHECK HERE