

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A98000002921

1. Entity Name
AMALIE AOC, LTD.



FILED

08 FEB 18 PM 2:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business

**ONE HARBOUR PLACE
777 S. HARBOUR ISLAND BOULEVARD
TAMPA, FL 33602-5799**

Mailing Address

**1601 MCCLOSKEY BOULEVARD
TAMPA, FL 33605**

2. Principal Place of Business - No P.O. Box #

1601 MCCLOSKEY BLVD

3. Mailing Address

Suite, Apt. #, etc.

02042008

Chg-LP

CR2E003 (12/06)

City & State

TAMPA FL

City & State

4. FEI Number

59-3638726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

33605

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

**BARKETT, KENNETH D ESQ
1601 MCCLOSKEY BLVD.
TAMPA, FL 33605**

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 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 # **535380**
NAME **PACKERS ACQUISITION CO**
STREET ADDRESS **1601 MCCLOSKEY BOULEVARD**
CITY-ST-ZIP **TAMPA, FL 33605**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**800121222738
03/25/08--01042--001 **1100.00**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/4/08

813 278-1932

STATE OF FLORIDA