

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

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # A98000002923 1. Entity Name VALENCIA COLLEGE SHOPPING CENTER, LTD.	
---	---

Principal Place of Business 1335 E. WEKIVA TRAIL LONGWOOD FL 32779	Mailing Address 1335 E. WEKIVA TRAIL LONGWOOD FL 32779
--	--

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E003 (10/07)

4. FEI Number 59-3548596	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent SO, HELEN H 1335 E. WEKIVA TRAIL LONGWOOD FL 32779
--

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.

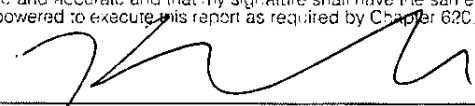
SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and one applicable

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 #	P97000067299	STREET ADDRESS	
NAME	MARQUE DEVELOPMENT GROUP CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	851 SALED0 DRIVE		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		
DOCUMENT #		STREET ADDRESS	000000813267
NAME		CITY-ST-ZIP	02/12/08-80082-019 500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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 62C, Florida Statutes.

SIGNATURE:  **1/30/08 407-234-9902**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE