2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A9900000184

1. Entity Name 2585 ASSOCIATES LIMITED



FILED Apr 11, 2008 08:00 Al Secretary of State

Principal Place of Business

3766 S.E. OCEAN BOULEVARD STUART, FL 34996

Mailing Address

3766 S.E. OCEAN BOULEVARD STUART, FL 34996



04082008 No Chg-LP

CR2E003 (12/06)

4. FE! Number	Applied For
<u>52-2</u> 155013	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

, J. 1

TAYLOR, WM. FRED

3766 S.E. OCEAN BOULEVARD

STUART, FL 34996

DO NOT WRITE IN THIS SPACE

			The state of the s	
8. The above the obligat	named entity submits this statement for the purpose of changing its ions of registered agent.	registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept	
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 \$90	0.00	DATE	
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		Configuration of the Configura	
DOCUMENT #	P99000004839			
NAME	JOSH-JEN, INC.			
STREET ADDRESS CITY-ST-ZIP	3766 S.E. OCEAN BOULEVARD			
	STUART, FL 34996			
DOCUMENT #			# U00000892924 4/23/08-80084-014 500.00	
STREET ADDRESS			4/23/08-80084-014 500.00	
CITY-ST-ZIP				
DOCUMENT /				
NAME				
STREET ADDRESS		DONO	OT WRITE:	
CITY-ST-ZIP	<u> </u>	■自然課業が対象を提供する場合による結果は表現の目標	an 1995 [1995] "我们的这是"我们的",我们们就是这个人的。 医电力	
DOCUMENT #		The Art IN I H	IS, SPACE	
NAME			Committee and the second control of the control of	
STREET ADDRESS				
CITY-ST-ZIP			The state of the s	
DOCUMENT #			and the state of t	
NAME STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT 4				

14. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Ffurther 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:

STAPLE CHECK HERE

NAME STREET ADDRESS

マレーシノン