#### 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

# DOCUMENT #A99000000253 1. Entity Name LUDLAM PLAZA APARTMENTS, LTD.



Mailing Address

9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176

Principal Place of Business

9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176

## SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 03102008 No Chg-LP
 CR2E003 (12/06)

 4. FEI Number 65-0893405
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

PROFESSIONAL MANAGEMENT GEN. PTNRSHPS, INC 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176

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	IVIIAIVII, FE	33170	IN THIS SPACE
	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	300120878693 03/21/0801007033 **500.00
	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.		
STAPLE CHECK HERE	DOCUMENT / NAME STREET ADDRESS CITY ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION P96000099680 PROFESSIONAL MANAGEMENT GEN. PTNRSHPS, INC 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME 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 encovered to execute this report as requiring by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE NO TYPED OR PRINTED NAME OF MONING GENERAL PARTNER

James R. Mitchell 3/10/08 305-270-0870