

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

03 MAR 11 PM 4:39

**DOCUMENT # A99000000351**

1. Entity Name  
**EGRET INVESTMENTS LIMITED PARTNERSHIP**



Principal Place of Business  
 300 SE 2ND ST.  
 FT. LAUDERDALE, FL 33301

Mailing Address  
 300 SE 2ND ST.  
 FT. LAUDERDALE, FL 33301



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312008 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number  
**65-0899386**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, PATRICIA  
 C/O STILES CORPORATION  
 300 SE 2ND ST.  
 FT. LAUDERDALE, FL 33301

Name  
**Robert Esposito**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Stiles Corporation**  
**300 SE 2nd Street**  
 City  
**Fort Lauderdale FL 33301**

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

1/31/08

**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 # **P98000098192**  
 NAME **EGRET INVESTMENTS, INC.**  
 STREET ADDRESS **300 SE 2ND ST.**  
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
 CITY-ST-ZIP  
**700118863177**  
**02/27/08--01008--007 \*\*500.00**

DOCUMENT #  
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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:

*Terry W. Stiles*

**Terry W. Stiles January 31, 2008 954-627-9300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE