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

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # A99000000971**

Entity Name

SAN FRANCISCO EQUITIES, LTD.



FILED Feb 13, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1800 BEN FRANKLIN DRIVE, SUITE B806 SARASOTA, FL 34236 1800 BEN FRANKLIN DRIVE, SUITE B806 SARASOTA, FL 34236



01282008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0927124

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and little if applicable

ACCOUNTING MANAGEMENT SERVICES 306 E BULLARD PKWY TEMPLE TERRACE, FL 33617

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| В.  | 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 accep |
|-----|--|
|     | the obligations of registered agent.   |
|     |  |
| 0.1 | 2814TH IDE   |

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 /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CLEARWATER EQUITIES, INC.<br>1800 BEN FRANKLIN DRIVE, SUITE B806<br>SARASOTA, FL 34236 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP          |  |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP          |  |
| DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP          |  |
| DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT /<br>NAME                                  |  |

000000827111 02/21/08-80077-018 500.00

DATE

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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:

STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK HERE

Musician S. Lernander SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/28/08 Date

Daytime Phone #