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

## FILED Apr 30, 2008 08:00 AN Secretary of State

1. Entity Name

11301 U.S. HIGHWAY ONE, LTD.



Principal Place of Business

4500 PGA BOULEVARD, SUITE 207 PALM BEACH GARDENS, FL 33418 Mailing Address

4500 PGA BOULEVARD, SUITE 207 PALM BEACH GARDENS, FL 33418



DO NOT WRITE IN THIS SPACE

02222008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0930812 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHANOS, DIANE L 4500 PGA BOULEVARD, SUITE 207 PALM BEACH GARDENS, FL 33418

## DO NOT WRITE IN THIS SPACE

T ALW BLACK GANDERS, FE 33410		IN THIS SPACE
	named entity submits this statement for the purpose of changing it- tions of registered agent.	 s 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
· ,		NTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. the form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	· · · · · · · · · · · · · · · · · · ·
DOCUMENT #	L99000003525	,
NAME	FEDERAL HIGHWAY PROPERTIES, LLC	
STREET ADDRESS	4500 PGA BOULEVARD, SUITE 207	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	Lococomon
DOCUMENT #		- U00000937395
NAME		05/27/08-80049-008 500.00
STREET ADDRESS		
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CITY-ST-ZIP		
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STREET ADDRESS		· • · · · · · · · · · · · · · · · · · ·
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DOCUMENT #		
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14. I hereby certify that the information supplied with this filling 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 DOCUMENT / NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Judith M. Galui

3/19/08

561/691-9050

Daytime Phone #