

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 FEB -8 PM 3: 23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01222008 Chg-LP CR2E003 (12/06)

4. FEI Number **59-3588262** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 # _____
NAME **TOLLI, THOMAS M.D.**
STREET ADDRESS **1001 37TH STREET NORTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33713**

DOCUMENT # _____
NAME **MIXA, THOMAS M M.D.**
STREET ADDRESS **1001 37TH STREET NORTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33713**

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STREET ADDRESS _____
CITY-ST-ZIP _____

13. ADDRESS CHANGES ONLY

STREET ADDRESS **7001 180TH ST N**
02/14/08--01045--019 **500.00

CITY-ST-ZIP _____

STREET ADDRESS _____

CITY-ST-ZIP **5950 Central Ave Suite 101**

STREET ADDRESS **St. Petersburg, FL 33710**

CITY-ST-ZIP _____

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CITY-ST-ZIP _____

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: *[Signature]* **1/24/09**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE