

**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

DOCUMENT # A99000001203
1. Entity Name
37TH STREET NORTH LIMITED PARTNERSHIP, L.L.P.



Principal Place of Business
1001 37TH STREET NORTH
ST. PETERSBURG, FL 33713

Mailing Address
1001 37TH STREET NORTH
ST. PETERSBURG, FL 33713

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	7001 18th St N 02/14/08--01045--019 **500.00
CITY-ST-ZIP	
STREET ADDRESS	5950 Central Ave Suite 101
CITY-ST-ZIP	St. Petersburg, FL 33710
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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