## **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

## **FILED** te

Due By May 1, 2008				Feb 11, 2008 08:00		
DOCU	MENT # A99000001		( 4		etary of Sta	
1. Entity Nam JONATHA	AN D. LEWIS LIMITED PAF		i		-	
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Principal Place 3595 ANCHO COCONUT GR		Mailing Address 3595 ANCHORAGE WAY COCONUT GROVE, FL 3313	3	·		, <u>;</u>
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D	O NOT WRITE	IN THIS SPA	ACE	4. FEI Number		Applied For
	*		•	65-09405		Not Applicable
	a Name and Address of Co.		a give, mileader	5. Certificate of S		Fee Required
6. Name and Address of Current Registered Agent  NOSTRO, LOUIS 728 CATALONIA AVENUE CORAL GABLES, FL 33134				DO N	IOT WRI	
CORAL GA	ABLES, FL 33134			IN T	HIS SPAC	CE Mark Mark
	named entity submits this statement for	or the purpose of changing its regis	tered office or register	ed agent, or both, i	n the State of Florida. I	am familiar with, and accept
_	ions of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.				DATE		
		VIII FEE IS \$500.00 2008, Fee will be \$900.00	<b>\</b>			
	A GENERAL PARTNER 1	THAT IS A BUSINESS ENTIT	MUST BE REGIST	ERED AND ACT	TIVE WITH THIS OF	FICE.
12.	NOTE: General Partners MA GENERAL PARTNER		orm; an amendmen	it must be filed t	o change a general	partner.
DOCUMENT #						
NAME STREET ADDRESS	LEWIS, JONATHAN D 3595 ANCHORAGE WAY			٠		•
CITY-ST-ZIP	COCONUT GROVE, FL 33133		Start Start	in the second		81
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STREET ADDRESS CITY-ST-ZIP					•	
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STREET ADDRESS						

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 peport as required by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SEMATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER