



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

**FILED
Apr 09, 2008 08:00 AM
Secretary of State**

DOCUMENT # A99000001448	
1. Entity Name MALLORCA PARTNERS, LTD.	

Principal Place of Business 11900 BISCAYNE BLVD., SUITE 262 NORTH MIAMI, FL 33181	Mailing Address 11900 BISCAYNE BLVD., SUITE 262 NORTH MIAMI, FL 33181
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DO NOT WRITE IN THIS SPACE

	
03122008 No Chg-LP	CR2E003 (12/06)
4. FEI Number 65-0989812	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, PATRICIA K
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI, FL 33130

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

1000000229874
04/09/08-01.0000-004 508 75

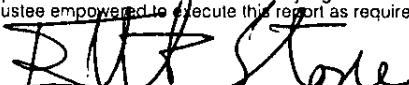
**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

**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 #	L99000005504
NAME	MALLORCA PARTNERS, LLC
STREET ADDRESS	11900 BISCAYNE BLVD., SUITE 262
CITY-ST-ZIP	NORTH MIAMI, FL 33181
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  Date: 4/3/08 Daytime Phone #: 305-891-337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER