2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

FILED Jan 24, 2008 08:00 Al Secretary of State

DOCL	JMENT#	A99000002075

1. Entity Name

2401 KENNEDY LIMITED



Principal Place of Business

2515 SIMMS BLVD. TAMPA, FL 33609 Mailing Address

2515 SIMMS BLVD. TAMPA, FL 33609



01172008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3610278

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

HINES, JAMES P ESQUIRE 315 SO. HYDE PARK TAMPA, FL 33609

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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			DATE		
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 #	G99343900230		•		
NAME	2401 KENNEDY IRREVOCABLE TRUST				
CARLET ADDRESS	DEAE CIMMO DI VID		Magaaatheyer		

2515 SIMMS BLVD. CITY+ST-7IP TAMPA, FL 33609 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

000000796165 01/29/08-80022-003 500.00

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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:

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/21/08

Dayteme Phone # 813806