

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 21 PM 3:00

DOCUMENT # A99000002266

1. Entity Name
 WORONOFF LIMITED PARTNERSHIP



Principal Place of Business
 200 INDIAN HARBOR DRIVE
 VERO BEACH, FL 32963

Mailing Address
 505 BEACHLAND BLVD, PMB 158, STE. 1
 PAK MAIL BEACHSIDE
 VERO BEACH, FL 32963

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02212008 Chg-LP CR2E003 (12/06)

4. FEI Number
 65-0970279

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GY CORPORATE SERVICES, INC.
 777 SOUTH FLAGLER DRIVE, SUITE 500 EAST
 WEST PALM BEACH, FL 33401

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000111868	STREET ADDRESS	505 Beachland Blvd. PMB 158, Ste 1
NAME	WORONOFF MANAGEMENT, INC.	CITY-ST-ZIP	VERO Beach, FL 32963-1798
STREET ADDRESS	200 INDIAN HARBOR DRIVE		
CITY-ST-ZIP	VERO BEACH, FL 32963		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 Petunia Woronoff 3-13-08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE