


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN -2 PM 12:38

DOCUMENT # B0000000309

1. Entity Name
 PRINCIPAL MANAGEMENT PARTNERS, L.P.



Principal Place of Business Mailing Address
 C/O GREENBERG TRAUIG, P.A. C/O GREENBERG TRAUIG, P.A.
 777 SOUTH FLAGLER DRIVE, SUITE 300-E 777 SOUTH FLAGLER DRIVE, SUITE 300-E
 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04102008 Chg-LP CR2E003 (12/06)

4. FEI Number 06-1558961 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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 _____
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

DATE
 500130254135
 05/28/08--01002--022 **500.00

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 # | F00000005600 | STREET ADDRESS | 1801 S. Australian Ave |
| NAME | PRINCIPAL MANAGEMENT PARTNERS GP, INC. | CITY-ST-ZIP | West Palm Beach FL 33401 |
| STREET ADDRESS | 777 SOUTH FLAGLER DRIVE, SUITE 300-E | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 | CITY-ST-ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____