2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Feb 04, 2008 08:00 AI Due By May 1, 2008 Secretary of State **DOCUMENT # B02000000181** SIRAGUSA ENTERPRISES, L.P. Mailing Address Principal Place of Business 224 SOUTH BEACH RD P.O. BOX 1411 HOBE SOUND, FL 33475 HOBE SOUND, FL 33455 01232008 No Chg-LP CR2E003 (12/06) 4. FEI Number Applied For 73-1642637 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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 Unninnersee the obligations of registered agent. 02/14/08-80028-004:500.00 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. GENERAL PARTNER INFORMATION 12. F02000002560 DOCUMENT # NAME SIRAGUSA HOLDINGS, INC. STREET ADDRESS 224 SOUTH BEACH RD CITY-ST-ZIP HOBE SOUND, FL 33455 DOCHMENT # NAME STREET ADDRESS CITY-ST-ZIP **DOCUMENT #** NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME 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 signal re 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 employing the partnership of the receiver or trustee employing the partnership of the limited partnership or the receiver or trustee employing the partnership of the limited partnership or the receiver or trustee employing the partnership of the limited partnership or the receiver of trustee employing the the receiver o

SIGNATURE:

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER