


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

DOCUMENT # B02000000333		
1. Entity Name FAIRFIELD DADELAND LIMITED PARTNERSHIP		

Principal Place of Business 2045 N HIGHWAY 360, STE. 250 GRAND PRAIRIE, TX 75050	Mailing Address 2045 N HIGHWAY 360, STE. 250 GRAND PRAIRIE, TX 75050
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2. Principal Place of Business - No P.O. Box # 5510 MOREHOUSE DR. Suite, Apt. #, etc. 200	3. Mailing Address 5510 MOREHOUSE DR. Suite, Apt. #, etc. 200
City & State SAN DIEGO, CA	City & State SAN DIEGO, CA
Zip 92121	Country

**FILED**

08 AUG 11 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07092008 Chg-LP CR2E003 (12/06)

4. FEI Number 55-0802073	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

NAME  
CORPORATION SERVICE COMPANY  
Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET  
City  
TALLAHASSEE FL Zip Code  
32301

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 Same Agent - New Agent Name DATE 8/6/08

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 12, 2008, Fee will be \$1000.00**

**Doreen Wallace**  
**Assistant Vice President**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	M02000002702 FF DADELAND LLC 2045 N HIGHWAY 360, STE. 250 GRAND PRAIRIE, TX 75050	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	000133536930 07/28/08--01057--012 **\$900.00
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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: [Signature] DATE 7/9/08 858-457-2123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE