


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED  
Feb 13, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # B0300000077**

1. Entity Name  
PAN COASTAL LIMITED PARTNERSHIP, A DELAWARE LTD PARTNERSHIP



Principal Place of Business      Mailing Address

605 E. ROBINSON STREET, STE. 400      605 E. ROBINSON STREET, STE. 400  
ORLANDO, FL 32801      ORLANDO, FL 32801



02062008 No Chg-LP      CR2E003 (12/06)

4. FEI Number      Applied For  
51-0317394      Not Applicable

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

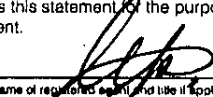
**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SHENOY, UDAY P  
SOUTHSTATE MANAGEMENT CORPORATION  
605 E. ROBINSON STREET, STE. 400  
ORLANDO, FL 32801

**DO NOT WRITE 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 the obligations of registered agent.

SIGNATURE:       DATE: Feb 6, 2008

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 #	F03000000920
NAME	TOURICUM NUMBER TWO LTD. INC.
STREET ADDRESS	605 E. ROBINSON STREET, STE. 400
CITY-ST-ZIP	ORLANDO, FL 32801
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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CITY-ST-ZIP	

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02/21/08-80069-013 508.75

**DO NOT WRITE IN THIS SPACE**

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:  ASAD. A. RUSMA - V.P.      2/6/08

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