

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

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # B03000000330**

1. Entity Name  
**ANTARAMIAN PARTNERS LIMITED PARTNERSHIP LLLP**



Principal Place of Business  
**3530 KRAFT ROAD  
SUITE 300  
NAPLES, FL 34105**

Mailing Address  
**3530 KRAFT ROAD  
SUITE 300  
NAPLES, FL 34105**



02122008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0218740**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GFPAC SERVICES LLC  
5551 RIDGEWOOD DRIVE  
SUITE 501  
NAPLES, FL 24108**

**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 \_\_\_\_\_  
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 # **M03000003192**  
NAME **SLOANE STREET PARTNERS LLC**  
STREET ADDRESS **3530 KRAFT ROAD SUITE 300**  
CITY - ST - ZIP **NAPLES, FL 34105**

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U000000331054  
05/21/08-80135-034-562.50

**DO NOT WRITE  
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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: Theresa L. Miller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/31/08 (239) 434-0600  
Date Daytime Phone #

STAPLE CHECK HERE