2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 11 AM 10: 01

DOCUMENT # B04000000378

1. Entity Name
FOWLER, RODRIGUEZ, VALDES-FAULI, FLINT, GRAY MCCOY, SULLIVAN AND CARROLL LLLP

01222008 Chg-LP CR2E003 (12/06)

Principal Place of Business	Mailing Address
400 POYDRAS STREET, 30TH FLOOR NEW ORLEANS, LA 70130	355 ALHAMBRA CIRCLE, SUITE 801 CORAL GABLES, FL 33134 0

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

4. FEI Number 72-1113170 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REGISTERED AGENT CORPORATE SERVICES INC ~~800 DOUGLAS ROAD, SUITE~~ 580 CORAL GABLES, FL 33134	**Name** REGISTERED AGENT CORPORATE SERVICES INC. **Street Address** 355 Alhambra Circle, Suite 801 **City** Coral Gables, FL 33134

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 ________ 4/1/2008
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	13.	ADDRESS CHANGES ONLY
DOCUMENT #		STREET ADDRESS	300122771303 04/10/08--01004--008 **500.00
NAME	FOWLER, GEORGE J III		
STREET ADDRESS	400 POYDRAS STREET, 30TH FLOOR	CITY-ST-ZIP	
CITY-ST-ZIP	NEW ORLEANS, LA 70130		
DOCUMENT #		STREET ADDRESS	
NAME	RODRIGUEZ, ANTONIO J		
STREET ADDRESS	400 POYDRAS STREET, 30TH FLOOR	CITY-ST-ZIP	
CITY-ST-ZIP	NEW ORLEANS, LA 70130		
DOCUMENT #		STREET ADDRESS	
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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: ________ 4/1/2008 504-523-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #