


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

**FILED**  
**Mar 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # B04000000450**

1. Entity Name  
**MEUCHADIM OF FLORIDA, L.P.**



Principal Place of Business <b>1209 ORANGE STREET          C/O THE CORPORATION TRUST COMPANY          NEW CASTLE COUNTY, DE 19801</b>	Mailing Address <b>6100 HOLLYWOOD BLVD.,          SUITE 407          HOLLYWOOD, FL 33024</b>
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**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>20-1607632</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**FALIC, SIMON  
 6100 HOLLYWOOD BLVD.,  
 SUITE 407  
 HOLLYWOOD, FL 33024**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 #	<b>M04000004291</b>
NAME	<b>MEUCHADIM MANAGEMENT OF FLORIDA, L.L.C.</b>
STREET ADDRESS	<b>6100 HOLLYWOOD BLVD., SUITE 407</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33024</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

U00000850038  
 03/21/08-80045-017 500.00

**DO NOT WRITE IN THIS SPACE**

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:**  **3/3/08 954986774**

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

STAPLE CHECK HERE