


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

**FILED
May 01, 2008 08:00 AM
Secretary of State**

DOCUMENT # B05000000117 1. Entity Name BANANA RIVER OF DELAWARE, LTD.	
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Principal Place of Business 6419 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920	Mailing Address P.O. BOX 544 CAPE CANAVERAL, FL 32920
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DO NOT WRITE IN THIS SPACE



03142008 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-0446021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, HELEN M
200 INTERNATIONAL DRIVE #206
CAPE CANAVERAL, FL 32920

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.

U00000942990

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

05/29/08-80017-010 500.00

**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 #	M05000000663
NAME	NORTH ATLANTIC AVENUE PROPERTIES, LLC
STREET ADDRESS	6419 N ATLANTIC AVENUE
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 4-30-08 Daytime Phone #: 321-784-5087