2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

Due by May 1, 2006				FILED SECRETARY OF STATE			
DOCUMENT # B0500000434 1. Enlity Name MIZNER COURT, L.P.			DIVISION OF CORPORATIONS				
					08 MAY 2	2 AM 8	: 17
Principal Place of Business 2711 CENTERVILLE ROAD, STE. 400 WILMINGTON, DE 19808 Mailing Address 301 YAMATO RD SUITE 3101 BOCA RATON, FL 33				 	BIRI BIRI SANI BANI BAN		IJEER IIJH BIRNEN EI NERI
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 30/ VAMATO NOAD							
Suite, Apr. #, etc. Suite, Apr. #, etc.				04152008	Chg-LP	CR2E003	(12/06)
City & State City & State				4. FEI Number 42-1681			Applied For Not Applicable
Zip 3343/ Coun	ntry Zip			5. Certificate of	of Status Desired		3.75 Additional e Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
STOLTZ, MORRIS L II 301 YAMATO RD., STE. 3101 BOCA RATON, FL 33431			Name Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
The above named entity submit the obligations of registered ag	ts this statement for the purpose of changent.	ging its register	ed office or register	red agent, or both	, in the State of Flo	:	niliar with, and accept
SIGNATURE	name of registered agent and title if applicable.					DATE	
Signature, урестог римес патне от registered agent and sue il applicable.					T	UATE	
	FILE NOW!!! FEE IS \$500 After May 1, 2008, Fee will be	\$900.00		· · · · · · · · · · · · · · · · · · ·			
NOTE: Gene	AL PARTNER THAT IS A BUSINES ral Partners MAY NOT be changed	SS ENTITY M d on the form	UST BE REGIS ; an amendmer	TERED AND A	CTIVE WITH TH I to change a ge	IS OFFICE. eneral partn	er.
	ENERAL PARTNER INFORMATION	13.	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	ADDRESS CHA	NGES ONLY	
NAME MIZNER COURT			ET ADORESS				
CITY-SI-ZIP BOCA RATON, F	-SI-ZIP BOCA RATON, FL 33431		- ST - ZIP				
DOCUMENT # NAME			ET ADDRESS	000130739860 06/04/0801034003 **2900.00			
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NAME		STRE	ET ADDRESS				
		CITY	-ST-ZIP	 			
DOCUMENT # NAME		STRE	ET ADORESS				· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for			-ST-ZIP	dia Oha	Shell Control	(A. A.)	All and All and and
indicated on this report is true	nation supplied with this filing does not one and accurate and that my signature shall owered to execute this report as required in the control of the contr	II have the same	e legal effect as if n 0. Florida Statutes	nade under oath;	that I am a Genera	al Partner of th	e limited partnership
SIGNATURE:	NATURE AND TYPED OR PRINTED NAME OF SIGNING	G GENERAL PARTNE	L	1/28/0	8 56 P	1-998	~33/J

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