


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

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| DOCUMENT # B05000000436 1. Entity Name MIZNER COURT HOLDINGS, L.P. |  |
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 MAY 22 AM 8:16

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| Principal Place of Business 2711 CENTERVILLE ROAD, STE. 400 WILMINGTON, DE 19808 | Mailing Address 301 YAMATO RD SUITE 3101 BOCA RATON, FL 33431 |
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| 2. Principal Place of Business - No P.O. Box # 301 YAMATO ROAD | 3. Mailing Address Suite, Apt. #, etc. 3101 | Suite, Apt. #, etc. 3101 |
| City & State BOCA RATON, FL | City & State BOCA RATON, FL | |
| Zip 33431 | Country | Zip 33431 |

04152008 Chg-LP CR2E003 (12/06)

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| 4. FEI Number 42-1681374 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent STOLTZ, MORRIS L II 301 YAMATO RD., STE. 3101 BOCA RATON, FL 33431 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> |
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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 | 13. ADDRESS CHANGES ONLY |
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| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP F05000005982 MIZNER COURT HOLDINGS, INC. 301 YAMATO RD., STE. 3101 BOCA RATON, FL 33431 | STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> 400130739904 06/04/08--01034--003 **2900.00 </div> |
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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]* **4/28/08** **561-998-3311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #