## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

## **Due By May 1, 2008 DOCUMENT # B05000000486** TOTAL EQUITY DEVELOPMENT, L.P.



**FILED** Apr 21, 2008 08:00 AN Secretary of State



Principal Place of Business

1018 PARRY LN ORLANDO, FL 32833 Mailing Address

4410 W ROOSEVELT ROAD HILLSIDE, IL 60162

CR2E003 (12/06)

4. FEI Number Applied For 20-3680797 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHERWANI, MUSTAFA A 1018 PARRY LN ORLANDO, FL 32833

DO NOT WRITE IN THIS SPACE

04162008 No Chg-LP

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, 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.

ı	12.	GENERAL PARTNER INFORMATION
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	F05000006445 AMERICAN FINANCIAL SYTEMS, INC. 4410 W ROOSEVELT ROAD, #215 HILLSIDE, IL 60162
	DOCUMENT #  NAME  STREET ADDRESS  CITY+ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT / NAME	

: D0000009197174

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 pequired by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER