

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # B06000000038

1. Entity Name
SESSIONS, FISHMAN, NATHAN & ISRAEL, L.L.L.P.



Principal Place of Business
9009 CORPORATE LAKE DRIVE
SUITE 300-S
TAMPA, FL 33634-2367

Mailing Address
9009 CORPORATE LAKE DRIVE
SUITE 300-S
TAMPA, FL 33634-2367



04082008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

72-0507813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FITE BLANCO, ELIZABETH
9009 CORPORATE LAKE DRIVE SUITE 300-S
TAMPA, FL 33634-2367

**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

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME FITE BLANCO, ELIZABETH
STREET ADDRESS 9009 CORPORATE LAKE DRIVE SUITE 300-S
CITY-ST-ZIP TAMPA, FL 336342367

DOCUMENT #
NAME FORSYTH, J. DAVID
STREET ADDRESS 201 ST. CHARLES AVE., SUITE 3500
CITY-ST-ZIP NEW ORLEANS, LA 70170

DOCUMENT #
NAME TITLE, PETER S
STREET ADDRESS 201 ST. CHARLES AVE., SUITE 3500
CITY-ST-ZIP NEW ORLEANS, LA 70170

DOCUMENT #
NAME CAROLE CUKELL NEFF
STREET ADDRESS 201 ST. CHARLES AVE., SUITE 3500
CITY-ST-ZIP NEW ORLEANS, LA 70170

DOCUMENT #
NAME NATHAN, MAX JR APLC
STREET ADDRESS 201 ST. CHARLES AVE., SUITE 3500
CITY-ST-ZIP NEW ORLEANS, LA 70170

DOCUMENT #
NAME BRAUN, JOY
STREET ADDRESS 201 ST. CHARLES AVE., SUITE 3500
CITY-ST-ZIP NEW ORLEANS, LA 70170

U00000897873
04/25/08-80064-018 500.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

JACK M. ALLT MONT 04/08/2008 / 504-582-1507

STAPLE CHECK HERE