2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # B07000000181

1. Entity Name
MIKA INVESTMENTS LIMITED PARTNERSHIP

FILED
08 JAN 30 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01162008 Chg-LP CR2E003 (12/06)

Principal Place of Business	Mailing Address
FOUR 163RD AVE E REDINGTON BEACH, FL 33708 3225 McLEOD DRIVE SUITE 100 LAS VEGAS, NV 89121	FOUR 163RD AVE E REDINGTON BEACH, FL 33708 PO BOX 8125 MADEIRA BEACH, FL

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3225 McLeod Drive	PO Box 8125
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. c/o Jeremy Mgt Inc.
City & State Las Vegas, Nevada	City & State Madeira Beach FL
Zip / Country 89121	Zip / Country 33738 USA

4. FEI Number 88-0442328 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUNT, K LUCILLE FOUR 163RD AVE E REDINGTON BEACH, FL 33708	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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	
DOCUMENT #	F99000004836	STREET ADDRESS	
NAME	KENOM MANAGEMENT	CITY-ST-ZIP	
STREET ADDRESS	3885 S DECATUR STE 2010		
CITY-ST-ZIP	LAS VAGAS, NC 89103		
DOCUMENT #		STREET ADDRESS	200116634482
NAME	LYNCH, MICHAEL		02/01/08--01004--009 **500.00
STREET ADDRESS	PO BOX 8125	CITY-ST-ZIP	
CITY-ST-ZIP	MADIERA BEACH, FL 33738		
DOCUMENT #		STREET ADDRESS	
NAME	LYNCH, ERIKA		
STREET ADDRESS	PO BOX 8125	CITY-ST-ZIP	
CITY-ST-ZIP	MADIERA BEACH, FL 33738		
DOCUMENT #		STREET ADDRESS	
NAME	SMITH, NORA		
STREET ADDRESS	10 MORSE ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	SHERBORN, MA 01770		
DOCUMENT #		STREET ADDRESS	
NAME	REDMOND, ERIKA		
STREET ADDRESS	28 SHERIDAN ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	WELLESLEY, MA 02481		
DOCUMENT #		STREET ADDRESS	
NAME	LYNCH, KAREN		
STREET ADDRESS	1734 P STREET NW #45	CITY-ST-ZIP	
CITY-ST-ZIP	WASHINGTON, DC 20036		

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: Erika M Lynch - corporate agent 1/15/08 7273192151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #