2008 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2008 **DOCUMENT # B93000000182** SHOOSTER INVESTMENT ASSOCIATES OF FLORIDA, LTD. Principal Place of Business Mailing Address 2900 W. SAMPLE ROAD 2900 W. SAMPLE ROAD POMPANO BEACH, FL 33073 POMPANO BEACH, FL 33073 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent GY CORPORATE SERVICES INC 450 E. LAS OLAS BLVD. #1400 FT. LAUDERDALE,, FL 33301

FILED Feb 11, 2008 08:00 AM Secretary of State





01152008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 23-2535226 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

DO NOT WRITE IN THIS SPACE

	ove named entity submits this statement for the purpose of changing its registered office or regations of registered agent.	gistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATUR	RE	DATE
	FILE NOWIII FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE RE NOTE: General Partners MAY NOT be changed on the form; an ameni	GISTERED AND ACTIVE WITH THIS OFFICE. dment must be filed to change a general partner.
42	CENERAL PARTIES INFORMATION	

B00000000394 DOCUMENT # HOSTABIDDABLE ASSOCIATES, L.P. NAME STREET ADDRESS 2900 W. SAMPLE ROAD CITY-SI-ZIP POMPANO BEACH, FL 33073 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS

150

U00000823481 02/20/08-80040-018 500.00

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

Managemen

SIGNATURE:

CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER