


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 12:26

DOCUMENT # B93000000520	
1. Entity Name ALLBER VENTURES (BROOKSVILLE) LTD.	

Principal Place of Business 9617 SPRING LAKE DRIVE CLERMONT, FL 34711	Mailing Address ONE YORKDALE ROAD, SUITE 510 TORONTO ONTARIO CANADA, M6A -3A1
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address One Yorkdale Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 600
City & State	City & State Toronto, Ontario
Zip	Zip M6A 3A1
Country	Country Canada



04112008 Chg-LP CR2E003 (12/06)

4. FEI Number 98-0109466	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PRATT, JAMES R ESQ. 369 NORTH NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

000128115270
 05/01/08--01034--015 **\$500.00

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 # F99000002481	NAME 1319824 ONTARIO LIMITED CORP.	STREET ADDRESS One Yorkdale Road, Suite 600	CITY-ST-ZIP Toronto, Ontario Canada M6A 3A1
STREET ADDRESS ONE YORKDALE ROAD, SUITE 510	CITY-ST-ZIP TORONTO ONTARIO CANADA, M6A 3A1		
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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

7.0 APR 2008

Date

Daytime Phone #

410 785 6000

STAPLE CHECK HERE