

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:51

DOCUMENT # B96000000008



1. Entity Name
BULLDOG CAPITAL MANAGEMENT LIMITED PARTNERSHIP

Principal Place of Business
**1862 MCCAULEY ROAD
CLEARWATER, FL 33765**

Mailing Address
**PO BOX 1558
CLEARWATER, FL 33767**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252008 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number
59-3349779

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**POLLACK, RONALD J
1000 ELDORADO AVE
CLEARWATER, FL 33767**

Name
Richard P. Tinkelenberg

Street Address (P.O. Box Number is Not Acceptable)

1216 Nelson Avenue

City
Clearwater

FL

Zip Code
33755-3652

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

Richard P. Tinkelenberg

Richard P. Tinkelenberg

April 25, 2008

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **V44270**
NAME **BULLDOG CAPITAL MANAGEMENT, INC.**
STREET ADDRESS **1862 MCCAULEY ROAD**
CITY-ST-ZIP **CLEARWATER, FL 33765**

STREET ADDRESS **300128735323**

CITY-ST-ZIP **05/07/08--01011--024 **500.00**

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CITY-ST-ZIP

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:

R. Pollack

Ronald J. Pollack

April 28, 2008

727-725-5225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #