

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 PM 1:58

DOCUMENT # B96000000086 1. Entity Name FOUNDING PARTNERS STABLE-VALUE FUND, LIMITED PARTNERSHIP					
Principal Place of Business 5100 N. TAMiami TRAIL SUITE 119, NEW GATE CENTER NAPLES, FL 34103			Mailing Address 5100 N. TAMiami TRAIL SUITE 119, NEW GATE CENTER NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. SUITE 110, NEWGATE CENTER City & State		Suite, Apt. #, etc. SUITE 110, NEWGATE CENTER City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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 # NAME STREET ADDRESS CITY-ST-ZIP	P94000011946 FOUNDING PARTNERS CAPITAL MANAGEMENT CO. 5100 N. TAMiami TRAIL NAPLES, FL 34103		STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px;"> 300122558623 04/08/08--01023--021 **508.75 </div>	
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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:			4-2-08 239514-2900		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		



04022008 Chg-LP CR2E003 (12/06)

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

STAPLE CHECK HERE