2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

		Due By	May 1, 2006			- CT (1	FILLU			
DOCUMENT # B9600000245 1. Entity Name S.W. 8TH STREET VENTURE, LTD.						อเงเรีย 06 ผ	RETARY OF ON OF CORF	STATE PORATION 9: 22	S	
Principal Place of Business 2600 CAMDEN GLEN COURT ROSWELL, GA 30076			Mailing Address 2600 CAMDEN GLEN COURT ROSWELL, GA 30076							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01042006	Chg-LP	CR2E003	(11/05)	
City & State			City & State		4. FEI Number 65-0604			Applied For Not Applicable		
Zip	Zip Country		Zip	Zip Country			f Status Desired		.75 Additional Required	
	6. Name	and Address of Curr	ent Registered Agent	•		7. Name and	Address of New R	egistered Age	nt	
BATCHELDER, DRAKE M 350 EAST LAS OLAS BLVD., STE. 1600 LAS OLAS CENTRE II FT. LAUDERDALE, FL 33301					Name JEFFREY C. ROTH Street Address (P.O. Box Number is Not Acceptable) ROTH & SCHOU 866 South DIXIE HIGHWAY					
				City 🕜		LAL GA	DIVIE LIE		Zip Code	
8. The above named entity submits this statement for the purpose of charging the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered light and the rapply able.							in the State of Flo	1	33/46 liar with, and accept	
_			OWN FEE IS \$500.00 I, 2006, Fee will be \$90	00.00	-					
	A (SENERAL PARTNE	R THAT IS A BUSINESS E MAY NOT be changed on	NTITY N	NUST BE REGIST	FERED AND A	CTIVE WITH TH	IS OFFICE.	<u>.</u>	
12.			NER INFORMATION	13.		it made as moc	ADDRESS CHA			
DOCUMENT #	F9700000 CAMDEN	06472 I INVESTMENTS, IN	C.	STR	EET ADDRESS					
STREET ADDRESS City-St-Zip		MDEN GLEN COUR L, GA 30076	T	CIT	r-st-zip					
DOCUMENT / NAME				STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	Y-ST-ZIP			CITY-ST-ZIP			400075029624 05/22/0601045012 **535.00			
DOCUMENT # NAME STREET ADDRESS				STR	EET ADDRESS	03/22/		015 4	*53 5. 00	
CITY-ST-ZIP		***************************************		CIT	/-ST-ZIP	****	······································			
DOCUMENT # NAME STREET ADDRESS				STR	EET ADDRESS					
CITY-ST-ZIP				CIT	(-ST-ZIP					
NAME STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP DOCUMENT #					/-ST-ZIP			A.L.		
NAME Street address					EET ADDRESS					
14. I hereby of indicated or the rec	eiver or trus	tee empowered to executive and type	with this filing does not qualify and that my agnature shall have the this report as required by C	S.	20, Florida Statutes	d in Chapter 119, nade under oath;	Florida Statutes. that I am a General	404	that the information is limited partnership	
		CHAR	LES L. BARTI	ie ii	-					

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