

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

FILED
Jul 25, 2008 08:00 AM
Secretary of State

DOCUMENT # B97000000005

1. Entity Name
DOVA OF HOLLYWOOD LIMITED PARTNERSHIP



Principal Place of Business
STRATFORD POINT BLDG.
110 S. STRATFORD RD., 5TH FL.
WINSTON-SALEM, NC 27104

Mailing Address
P. O. BOX 1670
CLEMMONS, NC 27012

DO NOT WRITE IN THIS SPACE



07142008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
56-2011822

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDREW SERVICE CORPORATION OF FLORIDA
201 N. FRANKLIN ST., SUITE 2700
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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

DOCUMENT # F97000000029
NAME DOVA OF HOLLYWOOD G.P., INC.
STREET ADDRESS 6000 MEADOWBROOK MALL, STE. 27
CITY-ST-ZIP CLEMMONS, NC 27012

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07/25/08-80004-001 508.75

**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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE