

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> B97000000102	
<b>1. Entity Name:</b> THREE WORLDS LIMITED PARTNERSHIP	

<b>Principal Place of Business</b> 27777 FRANKLIN RD, STE 200 SOUTHFIELD MI 48039	<b>Mailing Address</b> 27777 FRANKLIN RD, STE 200 SOUTHFIELD MI 48039
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<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)	
<b>4. FEI Number</b> 38-3334182	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  PETERMAN, BETSY 2915 N.W. 14TH STREET DELRAY BEACH FL 33445	<b>7. Name and Address of New Registered Agent</b> 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, word or printed name of registered agent and date if applicable.

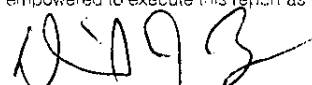
**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY-ST-ZIP	M06000004555 MAR BAY, LLC 27777 FRANKLIN RD, STE 200 SOUTHFIELD MI 48039	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	 000000879145 04/15/08-80008-021 500.00
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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STAPLE CHECK HERE

**14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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:**  **Daniel J. Bayer** **3/31/08** **248-208-2530**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone