

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR -1 PM 1:32

DOCUMENT # B98000000042 1. Entity Name SOUTHERN MANAGEMENT & DEVELOPMENT, L.P.					
Principal Place of Business 925 SOUTH FEDERAL HWY SUITE 425 BOCA RATON, FL 33432			Mailing Address 925 SOUTH FEDERAL HWY SUITE 425 BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 11229			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Knoxville, TN			
Zip	Country	Zip 37939	Country USA	4. FEI Number 65-0823985	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVIN, STEVEN 21301 POWERLINE ROAD BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 925 S. Federal Hwy Suite 425 City Boca Raton FL Zip Code 33432		
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 #	F98000000318		STREET ADDRESS		
NAME	SSL GP CORP.		CITY-ST-ZIP		
STREET ADDRESS	925 SOUTH FEDERAL HWY SUITE 425				
CITY-ST-ZIP	BOCA RATON, FL 33432				
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date 2/4/08 Daytime Phone # 905 584-4175		