

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG 13 PM 4:23

DOCUMENT # B98000000166

1. Entity Name
**MANATEE ACQUISITION ASSOCIATES, LIMITED
PARTNERSHIP**



Principal Place of Business
**C/O SITT ASSET MANAGEMENT, LLC
ONE PENN PLAZA, SUITE 3430
NEW YORK, NY 10119**

Mailing Address
**C/O SITT ASSET MANAGEMENT, LLC
ONE PENN PLAZA, SUITE 3430
NEW YORK, NY 10119**

DO NOT WRITE IN THIS SPACE



07252007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
22-3540326

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331**

**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 of printed name of registered agent and title if applicable

DATE _____

**FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007**

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 # **M06000002856**
NAME **SITT ACQUISITION LLC**
STREET ADDRESS **ONE PENN PLAZA, SUITE 3430**
CITY-ST-ZIP **NEW YORK, NY 10019**

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08/28/07--01038--017 **508.75

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**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

8-2-07

Date

Daytime Phone #

STAPLE CHECK HERE