2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # B99000000296

ATEX EXPLOSION PROTECTION LP



FILED Feb 01, 2008 08:00 AN Secretary of State

Principal Place of Business ATTN: SIMONE KRAUS 1230 PEACHTREE ST., NE, #3100

ATLANTA, GA 30309

NAME STREET ADDRESS CITY-ST-ZIP

Mailing Address

ATTN: SIMONE KRAUS 1230 PEACHTREE ST., NE, #3100 ATLANTA, GA 30309



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01282008 No Chg-LP CR2E003 (12/06) 4. FEI Number Applied For 58-2479731 Not Applicable

\$8.75 Additional 5. Certificate of Status Desired Fee Required

2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		IN THIS SPACE		
	named entity submits this statement for the purpose of changing its re- tions of registered agent.	gistered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.		DATE	
	FILE NOW!!! FEE 1S \$500.00 After May 1, 2008, Fee will be \$900.0	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.				
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION F99000004028 ATEX MANAGEMENT, INC. 2629 WAVERLY BARN ROAD, SUITE 124 DAVENPORT, FL 33897	DO N	U00000812235 2/12/08-80037-020 500.00 OT WRITE	
DOCUMENT / NAME STREET ADDRESS CITY-SI-ZIP DOCUMENT / NAME STREET ADDRESS CITY-SI-ZIP DOCUMENT /		IN TH	IIS SPACE	

14. Thereby 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 PART