

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # B99000000390 1. Entity Name EISENHART REAL ESTATE COMPANY, L.P.			
Principal Place of Business 16650 CHESTERFIELD GROVE RD SUITE 120 CHESTERFIELD, MO 63005		Mailing Address 16650 CHESTERFIELD GROVE RD SUITE 120 CHESTERFIELD, MO 63005	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION
08 MAR 20 AM 11:08



03032008 Chg-LP CR2E003 (12/06)

4. FEI Number 43-1783948		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HUBBARD, STEVEN W 2320 FIRST STREET, SUITE 1000 FORT MYERS, FL 33901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	---

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
After May 1, 2008, Fee will be \$900.00

900120768419
03/20/08--01001--026 **561.25

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 # NAME STREET ADDRESS CITY-ST-ZIP EISENHART, JAMES B-TRUSTEE 26416 FAWNWOOD CT. BONITA SPRINGS, FL 34134	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP EISENHART, SHARON L-TRUSTEE 26416 FAWNWOOD CT. BONITA SPRINGS, FL 34134	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP Eisenhart Management, LLC 16650 Chesterfield Grove Rd, #120 Chesterfield, MO 63005	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 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: <i>Susan R. Conrad</i> SUSAN R. CONRAD <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	3.3.08 <small>Date</small>	636-519-7886 x111 <small>Daytime Phone #</small>
--	--------------------------------------	--

STAPLE CHECK HERE