


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008**

DOCUMENT # A07000001077	
1. Entity Name LADS PARTNERS, LP	

FILED

08 AUG 26 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 703 NATHAN HALE DRIVE NAPLES, FL 34108	Mailing Address 703 NATHAN HALE DRIVE NAPLES, FL 34108
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 160 WINTERS ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07082008 Chg-LP CR2E003 (12/06)

City & State	City & State BUTLER PA	4. FEI Number 26-0869281	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip 16002	Country USA

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100 TAMPA, FL 33612-3425		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME DICKSON, FRANK C II	STREET ADDRESS	200134670612
STREET ADDRESS	703 NATHAN HALE DRIVE	CITY-ST-ZIP	08/20/08--01032--003 **500.00
CITY-ST-ZIP	NAPLES, FL 34108		
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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 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: Frank C Dickson, II Date: Aug 11, 2008 724 2872053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #