2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

CHECK

STREET ADDRESS

CITY-ST-ZIP

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A02000000094 08 MAR 31 PH 2: 46 1. Entity Name **DUCK INVESTMENTS LIMITED** Principal Place of Business Mailing Address 2814 OAKBROOK DRIVE 2814 OAKBROOK DRIVE WESTON, FL 33332 WESTON, FL 33332 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 04-3617341 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RITTER, GREGORY J ESQ. 7000 WEST PALMETTO PARK ROAD, SUITE 400 BOCA RATON, FL 33433 8. The above named entity submits this statement/for the purpose of changing its registered office or registered agent, or ate of Florida the obligations of registered agent 08 SIGNATURE 3 of registered agent and title if applicable DATE 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS NAME GOLDBERG, ANNETTE 500121411855 03/27/08--01001--016 **500.00 STREET ADDRESS 22605 CAMINO DEL MAR CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP DOCUMENT # STREET ADDRESS TOBEY, BARBARA NAME STREET ADDRESS 8016 RIVER BAY DRIVE, EAST CITY-ST-7IP CITY-ST-ZIP INDIANAPOLIS, IN 46240 DOCUMENT # STREET ADDRESS NAME FLANZ, MARJORIE 2814 OAKBROOK DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WESTON, FL 33332 DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS

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14. I hereby certify that the information supplied with this filling 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

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ED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED

Daytime Phone #