2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SIGNATURE

FILED DOCUMENT # A03000000671 08 FEB 19 PM 12: 34 3RD AVENUE ASSOCIATES, L.L.L.P. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 240 S. PINEAPPLE AVENUE, 10TH FLOOR 240 S. PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. Box 49948 Suite, Apt. #, etc. Suite, Apt. #, etc. 01252008 Chg-LP CR2E003 (12/06) City & State Applied For City & State 4. FEI Number Sarasota, FL 45-0513657 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34230-6948 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAND, DAVID Street Address (P.O. Box Number is Not Acceptable) 240 S. PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236 Zip Code 티 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 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. DOCUMENT # STREET ADDRESS NAME BAND, DAVID S STREET ADDRESS 240 S. PINEAPPLE AVENUE, 10TH FLOOR CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34236 DOCUMENT # STREET ADDRESS MCKAY, JOHN M NAME STREET ADDRESS 1001 3RD AVE. WEST, SUITE 600 CITY-ST-Z/P CITY-ST-ZIP BRADENTON, FL 34205 DOCLIMENT # STREET AUDRESS NAME ALLEN, RONALD J STREET ADDRESS 1001 3RD AVE. WEST, SUITE 600 CITY-ST-ZIP CITY-S1-ZIP BRADENTON, FL 34205 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 NAME STREET ADDRESS CITY-ST-ZIP 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 empoyeded to execute this report as required by Chapter 620, Florida Statutes David S. Band, 08

General Partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

941-366-6660