

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 11, 2008 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # A04000001202</b> 1. Entity Name SOUTHERN OLIVE PARTNERS, LLLP			
Principal Place of Business 231 ROYAL PALM WAY, SUITE 120 PALM BEACH, FL 33480		Mailing Address 231 ROYAL PALM WAY, SUITE 120 PALM BEACH, FL 33480	
2. Principal Place of Business - No P.O. Box # <b>422 SUNSET ROAD</b>		3. Mailing Address <b>422 SUNSET ROAD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>WEST PALM BEACH FL</b>		City & State <b>WEST PALM BEACH FL</b>	
Zip <b>33401</b>	Country <b>USA</b>	Zip <b>33401</b>	Country <b>USA</b>
4. FEI Number <b>20-1384269</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DRIVE, SUITE 500 E WEST PALM BEACH, FL 33401		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P04000053406 LMPB ASSOCIATES, INC. 231 ROYAL PALM WAY, SUITE 120 PALM BEACH, FL 33480	STREET ADDRESS CITY - ST - ZIP	<b>422 SUNSET ROAD</b> <b>WEST PALM BEACH FL 33401</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>300119930913</b> <b>03/11/08--01009--019 **500.00</b>
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	
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			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<b>LEE MUNDER, G.P.</b> <b>2/27/08</b> <b>561-802-8800</b> <small>Date Daytime Phone #</small>	

STAPLE CHECK HERE

3/13/08