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

CHECK

STAPLE

SIGNATURE:

## TALLAHASSEE, FLORIDA **DOCUMENT # A07000000770** 1. Entity Name LF QFP, LLLP 08 MAY - I AM 8: 23 Principal Place of Business Mailing Address 4200 GULF SHORE BLVD NORTH 4200 GULF SHORE BLVD NORTH NAPLES, FL 34103 NAPLES, FL 34103 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 03202008 CR2E003 (12/06) Chg-LP 4. FEI Number 26-0324365 Applied For City & State City & State Not Applicable Country Zip Country Zip \$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 ZUNDEL, ROBERT C JR Street Address (P.O. Box Number is Not Acceptable) 4001 TAMIAMI TRAIL NORTH NAPLES, FL 34103-3555 City 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 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 GENERAL PARTNER INFORMATION 12. 13. DOCUMENT # STREET ADDRESS GUTMAN, HOWARD B NAME STREET ADDRESS 4200 GULF SHORE BLVD NORTH CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34103 70012204225 05/01/08--01031--020 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 STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 another 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 in effective first report as required by Chapter 620, Florida Statutes

Howard B. Gutman V.P. of General Partners

DED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY OF STATE

4/18/2008 (239) 261-6100