2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED Mar 17, 2008 08:00 A Secretary of State

DOCUMENT # A22964 1. Entity Name TURA L.P. LIMITED PARTNERSHIP					Secretary of			dary of S
Principal Place of Business Mailing Address C/O TAX DEPT C/O TAX DEPT 500 ARCH ST WILLIAMSPORT, PA 17701 WILLIAMSPORT, PA 2. Principal Place of Business - No P.O. Box # 3. Mailing Address			7701					
Suite, Apt. #. etc. Suite, Apt. #. etc.								
City & State		City & State		03102008 4. FEI Number	Chg-LP	CR2E00	3 (12/06) Applied For	
					52-1448			Not Applicable
∠ip	Zip Country Zip		Country		5. Certificate o	of Status Desired	□ \$	8.75 Additional se Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
PRENTICE HALL CORPORATION SYSTEM 1201 HAYS ST			-	Street Address (P.O. Box Number is Not Acceptable)				
STE 105 TALLAHASSEE, FL 32301								
			-	City	FL Zip Code			
the obligat	named entity submits this statement filins of registered agent.		ts registered	office or register	ed agent, or both	, in the State of Flo	orida I am (a	miliar with, and accept
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable					DATE	
		W!!! FEE IS \$500.00 2008, Fee will be \$90	00.00					
	A GENERAL PARTNER NOTE: General Partners M.	THAT IS A BUSINESS E	NTITY MU	ST BE REGIST	ERED AND A	CTIVE WITH TH I to change a g	IIS OFFICE. eneral partr	ner.
12.	GENERAL PARTNER INFORMATION		13.		ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS	P10794 TURA HOLDINGS, INC. 500 ARCH STREET			ADORESS				
CITY-ST-ZIP	WILLIAMSPORT, PA 17705		CITY-SI	T-ZIP	U00000862115			
DOCUMENT # NAME STREET ADDRESS	P31655 OPCO, INC. 500 ARCH STREET		STREET	ADDRESS	U4/U3/U8-80034-023 500.00			
CITY-ST-ZIP	WILLIAMSPORT, PA 17705		CITY-ST	T-ZIP				
DOCUMENT # NAME			STREET	ADDRESS				
STREET AOORESS CITY-ST-ZIP			CITY-\$1	T- ZIP				
DOCUMENT ≠ NAME			STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-\$1	1-ZIP		·		
DOCUMENT #			STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-SI	I - ZIP				
DOCUMENT / NAME			STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY ST	T - ZIP				
14. I hereby a indicated or the rec	Leartify that the information supplied wi on this report is true and accurate and silver or trustee empowered to execute	th this filing does not qualify that my signature shall have this report as required by C	for the exer a the same le thapter 620.	mptions contained egal effect as if m Florida Statutes	d in Chapter 119 ade under oalh,	, Florida Statutes, that I am a Gener	I further certifial Partner of t	y that the information he limited partnership

BIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: