2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2008 Mar 07, 2008 08:00 A Secretary of State **DOCUMENT # A95000001965** SHINGLE CREEK LIMITED PARTNERSHIP Principal Place of Business Mailing Address P.O. BOX 568367 P.O. BOX 568367 ORLANDO, FL 32856 ORLANDO, FL 32856 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 59-3345850 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 CARUSO, PHYLIS P Street Address (P.O. Box Number is Not Acceptable) 102 W. PINELOCH AVE, SUITE 10 ORLANDO, FL 32806 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, 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME CARUSO, PHYLIS P STREET ADDRESS 2628 LAKE FOREST DR. CITY-ST-ZIP CITY-ST-ZIP DELAND, FL 32720 000000851670 03/25/08-80049-011 500.00 DOCUMENT # STREET ADDRESS CARUSO, PHILIP P JR NAME STREET ADDRESS 102 W. PINELOCH AVE., STE 10 CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32806 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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 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

3/5/2008 401-859-3550 Daylime Prone #

SIGNATURE:

CHECK HERE

aruso SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER