2008 LIMITED PARTNERSHIP ANNUAL REPORT **FILED** Due By May 1, 2008 Apr 17, 2008 08:00 A Secretary of State **DOCUMENT # A96000002443** GENET FAMILY LIMITED PARTNERSHIP NO. 1 Principal Place of Business Mailing Address 19080 NE 29TH AVE. 19080 NE 29TH AVE. AVENTURA, FL 33180 AVENTURA, FL 33180 03032008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0717732 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GENET, DAVID G DO NOT WRITE 19080 NE 29TH AVENUE AVENTURA, FL. 33180 IN THIS SPACE 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. 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 P96000102066 DOCUMENT # U00000904975 05/01/08-80034-023 500.00 NAME GENET FAMILY HOLDINGS, INC. STREET ADDRESS 19080 NE 29TH AVE. CITY-ST-ZIP AVENTURA, FL 33180 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZiP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT ( NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

SIGNATURE:

SIGNATURE AND OPEN PRINTED NAME OF BIGNING GENERAL PARTNER

Date

Date

14. I hereby certify that the information is oplied with his 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 acceptate and told 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

CITY-ST-ZIP