2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED Apr 24, 2008 08:00 AN Secretary of State

Applied For

DOCUMENT # A9700000415 1. Entity Name BECKS' FARM, LTD.			Secretary
Principal Place of Business Mailing Address P.O. DRAWER 2140 P.O. DRAWER 2140 DAYTONA BEACH, FL 32115 DAYTONA BEACH, FL 32115			
DO NOT WRITE IN THIS SPACE	CF		CR2E003 (12/06)
DO NOT WITTE IN THIS STA		FEI Number 59-3476095 Certificate of Status Desired	\$8.75 Address Require
6. Name and Address of Current Registered Agent	, br		

			59-3476095	Not Applicable		
			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
· · · · · ·	6. Name and Address of Current Registered Agent			,		
BECKS, B 125 N. RIE	ERRIEN H SR. DGEWOOD AVENUE BEACH, FL 32114		DO NOT WRIT	, .		
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. It am familiar with, and accept the obligations of registered agent.						
SIGNATURE	Signature, lyped 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	0				
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					
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	P97000030135 CRANE LAKES INC. 125 N. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			٠.			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	·	·	DO NOT WRITE			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	· .		
DOCUMENT / NAME STREET ADDRESS City-St-Zip	·					
DOCUMENT # NAME 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. 14 18 08 386-252-2000 386-252-200						

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

NC. GON

Daytime Phone #