2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILEU Due By May 1, 2007 SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A97000001232** 07 JAN 10 AM 9: 17 WELLS FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 1600 U.S. 27 S. 1600 U.S. 27 S. AVON PARK, FL 33825 AVON PARK, FL 33825 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 820 Suite, Apt. #, etc. Suite, Apt. #, etc 01062007 CR2E003 (12/06) Cha-LP Applied For City & State 4. FEI Number FL 65-0760064 Not Applicable 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 WELLS BROTHERS INVESTMENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1600 U.S. 27 S. AVON PARK, FL 33825 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 -DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 # P97000029196 STREET ADDRESS WELLS BROTHERS INVESTMENTS, INC. NAME STREET ADDRESS 1600 U.S. 27 S. CITY-ST-ZIP CITY-ST-ZIP AVON PARK, FL 33825 DOCUMENT **#** STREET ADDRESS NAME STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST ZIP CITY-ST-ZIP DOCUMENT

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 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 effect this report as required by Chapter 620. Florida Statutes

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

STANLEY H. WELLS