2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A97000001599

1. Entity Name
ALBRITTON & SONS, LTD.



FILED May 08, 2008 08:00 AN Secretary of State

Principal Place of Business

NO. 3 ALBRITTON ROAD ALTURAS, FL 33820 Mailing Address P.O. BOX 256 ALTURAS, FL 33820



04292008 No Chg-LP

CR2E003 (12/06)

| 4. | FEI Number | | Applied For |
|----|-------------------------------|-----------------------------------|----------------|
| | 59-0963348 | | Not Applicable |
| 5. | Certificate of Status Desired | \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALBRITTON, NICHOLAS F NO. 3 ALBRITTON ROAD ALTURAS, FL 33820

DO NOT WRITE IN THIS SPACE

| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. | | | |
|---|--|--|--|
| FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 | , | | |
| Signature, typed or printed name of registered agent and title if applicable | DATE | | |
| SIGNATURE | • | | |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent. | n, in the State of Florida. I am familiar with, and accept | | |

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 | ALBRITTON, NICHOLAS F TRUSTEE PO BOX 255 ALTURAS, FL 33820 |
| | DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | ALBRITTON, DALE E TRUSTEE PO BOX 222 ALTURAS, FL 33820 |
| | DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | |
| | DOCUMENT # NAME STREET ADDRESS CITY-ST-2IP | |
| | DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | |

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DO NOT WRITE IN THIS SPACE

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

SIGNATURE:

DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

565-537-1343