2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

STAPLE

SIGNATURE:

FILED Feb 12, 2007 08:00 AM Secretary of State DOCUMENT # A98000002834 1. Entity Name SAMHALL, LTD. Principal Place of Business Mailing Address 4251 - 42ND AVENUE SOUTH 4251 - 42ND AVENUE SOUTH ST. PETERSBURG FL 33711 ST. PETERSBURG FL 33711 2. Principal Place of Business - No P.O. Box # 3. Mailino Address Suite, Apt. #, etc. Suite, Apt. # etc. 1st MOORE CR2E003 (10/06) City & State City & State 4. FEI Number Applied For 59-3547685 Not Applicable Ζtp 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 RAHALL, SAM G Street Address (P.O. Box Number is Not Acceptable) 4251 - 42ND AVENUE SOUTH ST. PETERSBURG FL 33711 Zıp Codo 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 Fiorida. I am familiar with, and accept the obligations of registred agent. SIGNATURE FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Fjorida Department of State. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT# STREET ADDRESS NAME RAHALL, SAM G STREET ADDRESS 02/21/07-80050-006 500.00 4251 - 42ND AVENUE SOUTH CITY-ST-ZIP CHY-SI-ZIP ST. PETERSBURG FL 33711 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City St-7IP CITY-ST-ZIP DOCUMENT # STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME. STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY+ST-7IP CHY-ST-ZIP DOCUMENT # STREET ADDRESS 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 eath; 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