2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

STAPLE

FILED DOCUMENT # A0000000128 07 HAY 18 AM 9: 42 PAYNE FAMILY PARTNERSHIP, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 103 NORTH LEE STREET P.O. BOX 490208 LEESBURG, FL 24748 LEESBURG, FL 34749-0208 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 04242007 Chq-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 59-3618330 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 TAYLOR, LAWRENCE E Street Address (P.O. Box Number is Not Acceptable) 103 NORTH LEE STREET LEESBURG, FL 24748 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOWIII 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13. DOCUMENT / STREET ADDRESS 1060 Lake Sumter Landing NAME PAYNE, HELEN M TRUSTEE * STREET ADDRESS P.O. BOX 580 32162 The Villages, FL CITY-ST-ZIP THE VILLAGES, FL 32158 CITY-ST-ZIF DOCUMENT # STREET ADDRESS 200103607982 CARR, HELEN C TRUSTEE NAME STREET ADDRESS P.O. BOX 490208 05/31/07--01027--002 **500.00 CITY-ST-ZIP CITY-ST-ZIP LEESBURG, FL 347490208 *Citizens First Trust Compan LLD the Helen Muc Payne Family Trust, dated December 9, 1999 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lawrence E. Taylor & W. Thomas Brooks, current Successor Co-Trustees of the Helen C. Carr Family Trust Dated December 9, 1999 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME 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 oath; that I am a General Partner of the limited partnership or the receiver or rustee empowered to execute this report as required by Chapter 620. Florida Statutes Lawrence F. Taylor, Suc.Co-Trustee of Helen C. Carr family Trust Of Helen C. Carr family Trust SIGNATURE: While 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 rustee empowered to execute this report as required by Chapter 620, Florida Statutes Lawrence F. Taylor, Suc.Co-Trustee of Helen C. Carr family Trust Of Helen C. 227 9/1999 Od/24/2007 Daytime Phone