2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A0000000379 GARDENS OF DAYTONA, LTD. 08 HAY -7 PM 1:51 Principal Place of Business Mailing Address 5505 N. ATLANTIC AVE. PO BOX 321209 COCOA BEACH, FL 32932-1209 #115 COCOA BEACH, FL 32931 2. Principal Place of Business - No P.O. Box # 3. Mailing Address ATLANTIS ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 04102008 Chg-LP CR2E003 (12/06) 405-B Applied For City & State City & State 4. FEI Number ANAVEVAL APP 65-0985608 Not Applicable 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 Name KINCAID, JAMES Street Address (P.O. Box Number is Not Acceptable) 5505 N. ATLANTIC AVE. SUITE 115 PO BOX 321209 COCOA BEACH, FL 32932-1209 ATLANTIS ROAT 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, typed or printed name of registered agent and title if applicable. DATE 800128734618 05/07/08--01009--021 **508.75 FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. DOCUMENT # P04000096585 STREET ADDRESS ATLANTIS ROAD SOLUTIONS-DAYTONA, INC. NAME STREET ADDRESS 5505 N. ATLANTIC AVE., #115,PO BOX 321209 CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH, FL 329321209 DOCUMENT # L00000012912 STREET ADDRESS NAME GARDENS OF DAYTONA, L.L.C. STREET ADDRESS 5505 N. ATLANTIC AVE., #115, PO BOX 321209 CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH, FL 329321209 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-76 CITY-ST-7IP 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

James Kincaid

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