2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2007 Apr 25, 2007 08:00 AM Secretary of State **DOCUMENT # A00000000644** 1. Entity Name THE NILSEN FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 710 LIVE OAK PLANTATION RD 710 LIVE OAK PLANTATION RD TALLAHASSEE, FL 32312-2411 TALLAHASSEE, FL 32312-2411 04092007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1004729 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NILSEN, RICHARD B DO NOT WRITE 710 LIVE OAK PLANTATION RD TALLAHASSEE, FL 32312-2411 IN THIS SPACE 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 registered agent. 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # NILSEN, RICHARD B NAME STREET ADDRESS 710 LIVE OAK PLANTATION RD U00000731101 05/08/07-80106-006 500.00 TALLAHASSEE, FL 323122411 CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT (NAME DO NOT WRITE STREET ADDRESS CITY-ST-7IF IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIF DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

SIGNATURE: URE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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

NAME STREET ADDRESS CITY-ST-ZIP