## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

SIGNATURE:

## FILED DOCUMENT # A0000001696 THE TRUSLER FAMILY LIMITED PARTNERSHIP 2007 MAR 27 AM 9: 20 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 2707 BELL SHOALS RD. 2707 BELL SHOALS RD. BRANDON, FL 33511 BRANDON, FL 33511 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062007 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 59-3597812 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLAWS, MAGNUS JR. Street Address (P.O. Box Number is Not Acceptable) 3242 HENDERSON BLVD., SUITE 301 TAMPA, FL 33609 2708 BELL SHOALS ROAD Zip Code 33511 BRANDON, 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. | am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and Life 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 ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. DOCUMENT # STREET ADORESS NAME TRUSLER, GENEVA M TRUSTEE 2708 BELL SHOALS ROAD STREET ADDRESS 3242 HENDERSON BLVD., SUITE 301 CITY-ST-ZIP BRANDON, FLORIDA 33511 CITY-ST-ZIP TAMPA, FL 33609 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST-ZIP CITY-ST-2IP DOCUMENT # STREET ADDRESS 04/02/07--01054--014 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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