2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2008 Feb 25, 2008 08:00 AN **DOCUMENT # A00000002037 Secretary of State** DYAL FAMILY PARTNERSHIP NO. 2, LTD. Principal Place of Business Mailing Address 13883 S.W. COUNTY ROAD 13883 S.W. COUNTY ROAD **BROOKER, FL 32622** BROOKER, FL 32622 01252008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0577881 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, JAMES J JR. DO NOT WRITE 420 S. LAWRENCE BLVD. KEYSTONE HEIGHTS, FL 32656 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 Florida. 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, 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 P00000077243 DOCUMENT # NAME DOUBLE D ENTERPRISES OF BRADFORD CO., INC. STREET ADDRESS 13883 S.W. COUNTY ROAD CITY-ST-ZIP BROOKER, FL 32622 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS DO NOT WRITE CITY-\$1-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

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

SIGNATURE:

STREET ADDRESS CITY-ST-712 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP