2008 LIMITED PARTNERSHIP ANNUAL REPORT

SECRETARY OF STATE TALLAHASSEE, FLORIDA **Due By May 1, 2008** DOCUMENT # A0100000308 08 MAY -6 AM 8: 41 FARMERS REALTY LIMITED PARTNERSHIP Principal Place of Business Mailing Address % HENDERSON KEASLER LAW FIRM-% HENDERSON KEASLER LAW FIRM-10407 CENTURION PARKWAY N, STE. 112 10407 CENTURION PARKWAY N, STE. 112 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 2. Principal Place of Business - No P.O. Box # 3. Mailing Address to keaster law Group Keasler Law Group Suite, Apt. #, etc. Suite, Apt. #, etc. 10245 Centuran Parkway N, Ste 305 CR2E003 (12/06) 10245 Centurion Pankuray N. Ste 305 City & State 4. FEI Number Applied For Jacksonville 65-1023858 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) KEASLER, FRANK R JR %-HENDERSON KEASLER LAW FIRM-10407 CENTURION PARKWAY N, STE. 112 JACKSONVILLE, FL 32256 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed r 900128356679 05/05/08--01008--004 **500.00 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 DOCUMENT # N/A STREET ADDRESS 0245 Centurion Parkway ST. AUGUSTINE LAND TRUST NAME STREET ADDRESS 10407-CENTURION PARKWAY N., STE. 112 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32256 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-\$T-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

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 or the receiver or trustee empower 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 to 10 execute this report as required by Chapter 620, Fiorida Statutes

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER