

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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| DOCUMENT # A01000000375 1. Entity Name ALLMON FAMILY LIMITED PARTNERSHIP | | | | | |
| Principal Place of Business 9400 S. TROPICAL TRAIL MERRITT ISLAND, FL 32962 | | | Mailing Address PO BOX 1626 CAPE CANAVERAL, FL 32920 | | |
| 2. Principal Place of Business - No P.O. Box # 9400 S. Tropical Tr | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Merritt Island FL | | City & State | | 4. FEI Number 59-3705627 | |
| Zip 32952 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ASARCH, STEVEN J ESQUIRE SUITE 400 EAST 1900 N.W. CORPORATE BOULEVARD BOCA RATON, FL 33431 | | | | 7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 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 | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # | P00000111772 | | STREET ADDRESS | | |
| NAME | ALLMON FAMILY ENTERPRISES, INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 9400 S. TROPICAL TRAIL | | STREET ADDRESS | | |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32962 | | CITY-ST-ZIP | | |
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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: Barbara A. Campbell VP/Secy, Allmon Family Enterprises Inc 4/14/2008 321-693-2544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #