2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2008

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SIGNATURE:

Jan 31, 2008 08:00 A Secretary of State DOCUMENT # A01000000666 ROCK POND ENTERPRISES, LTD. Principal Place of Business Mailing Address 13201 OLD CRYSTAL RIVER ROAD 13201 OLD CRYSTAL RIVER ROAD BROOKSVILLE FL 34601 BROOKSVILLE FL 34601-2. Principal Place of Business - No P.O. Bex.# 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/07) 4. FEI Number Applied For City & State City & State 54-2068470 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, SHARON Street Address (P.O. Box Number is Not Acceptable) 13209 OLD CRYSTAL RIVER ROAD **BROOKSVILLE FL 34601** City Zie 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 Signature, tweed or printed name of registerial agent and it will apole able CATE FILE NOW!!! Fee is \$500...*** After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State. 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 # STRUET ADDRESS SHARON O. TAYLOR, TRUSTEE STREET ADDRESS 13205 OLD CRYSTAL RIVER ROAD CHY-ST-ZIP U00000807791 02/07/08-80023-004-500.00 CITY-ST-ZIP **BROOKSVILLE FL 34601** OCCUMENT # STREET ADDRESS NAME TAYLOR, SHARON O STREET ADDRESS 13209 OLD CRYSTAL RIVER ROAD CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34601** DOCUMENT A STREET ADDRESS NAME BEVERLY LOWMAN, TRUSTEE STREET ADDRESS 13205 OLD CRYSTAL RIVER ROAD CITY-ST-7IP CITY-ST-ZIP BROOKSVILLE FL 34601 DOCUMENT # STREET ADDRESS LOWMAN, BEVERLY 13209 OLD CRYSTAL RIVER ROAD STREET ACCRESS CITY-ST-7IP CITY-ST-ZIP **BROOKSVILLE FL 34601** DOCUMENT # STREET AUCRESS STREET ADORESS CHY-SI-7P CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 each; 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.

FILED