

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 17 AM 8:35

|  |                            |   |                                      |
|--|----------------------------|---|--------------------------------------|
| <b>DOCUMENT # A01000000937</b>   |                            |    |                                      |
| 1. Entity Name<br>HOPE TOWN FARMS, LTD.  |                            |   |                                      |
| Principal Place of Business<br>132 NORTH SWINTON AVE<br>DELRAY BEACH, FL 33444   |                            | Mailing Address<br>132 NORTH SWINTON AVE<br>DELRAY BEACH, FL 33444  |                                      |
| 2. Principal Place of Business - No P.O. Box #   |                            | 3. Mailing Address  |                                      |
| Suite, Apt. #, etc.  |                            | Suite, Apt. #, etc.   |                                      |
| City & State   |                            | City & State  |                                      |
| Zip  | Country                    | Zip   | Country                              |
| 6. Name and Address of Current Registered Agent<br><br>UTRECHT, STEVEN T<br>2295 CORPORATE BLVD<br>#211<br>BOCA RATON, FL 33444  |                            | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                            | DATE _____  |                                      |
| <b>FILE NOW!!! FEE IS \$500.00</b><br><b>After May 1, 2008, Fee will be \$900.00</b>   |                            |   |                                      |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |                            |   |                                      |
| <b>12. GENERAL PARTNER INFORMATION</b>   |                            | <b>13. ADDRESS CHANGES ONLY</b>   |                                      |
| DOCUMENT #   | P01000034676               | STREET ADDRESS  |                                      |
| NAME   | HOPE TOWN MANAGEMENT, INC. | CITY-ST-ZIP   |                                      |
| STREET ADDRESS   | 132 NORTH SWINTON AVE      |   | <b>500123588705</b>                  |
| CITY-ST-ZIP  | DELRAY BEACH, FL 33444     |   | <b>04/16/08--01004--013 **788.75</b> |
| DOCUMENT #   |                            | STREET ADDRESS  |                                      |
| NAME   |                            | CITY-ST-ZIP   |                                      |
| STREET ADDRESS   |                            |   |                                      |
| CITY-ST-ZIP  |                            |   |                                      |
| DOCUMENT #   |                            | STREET ADDRESS  |                                      |
| NAME   |                            | CITY-ST-ZIP   |                                      |
| STREET ADDRESS   |                            |   |                                      |
| CITY-ST-ZIP  |                            |   |                                      |
| DOCUMENT #   |                            | STREET ADDRESS  |                                      |
| NAME   |                            | CITY-ST-ZIP   |                                      |
| STREET ADDRESS   |                            |   |                                      |
| CITY-ST-ZIP  |                            |   |                                      |
| DOCUMENT #   |                            | STREET ADDRESS  |                                      |
| NAME   |                            | CITY-ST-ZIP   |                                      |
| STREET ADDRESS   |                            |   |                                      |
| CITY-ST-ZIP  |                            |   |                                      |
| 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>  |                            | Date <b>3/17/08</b> Daytime Phone # <b>584-432-0300</b>   |                                      |