
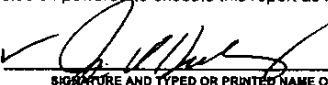


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

<b>DOCUMENT # A01000001064</b> 1. Entity Name LOIS DUBOIS, LTD.						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-weight: bold; margin-top: 10px;">2008 APR -9 PM 12: 39</div> <div style="font-weight: bold; margin-top: 5px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 5450 FLAVOR PICT ROAD BOYNTON BEACH, FL 33436				Mailing Address 10932 GLENEAGLES RD BOYNTON BEACH, FL 33436			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 65-1151607				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  PERRY, MARK A 50 SE 4TH AVENUE DELRAY BEACH, FL 33483				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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>							
<b>FILE NOW!!! FEE IS \$500.00</b> <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> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	L01000011876			STREET ADDRESS	10932 GLENEAGLES RD.		
NAME	LOIS DUBOIS PROPERTIES MANAGEMENT, LLC			CITY-ST-ZIP	BOYNTON BEACH, FL 33436		
STREET ADDRESS	5450 FLAVOR PICT ROAD			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436			CITY-ST-ZIP	500122042459		
DOCUMENT #				STREET ADDRESS	04/03/08--01034--015 **500.00		
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STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: 				Date: 3/17/08			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Daytime Phone #</small>			

STAPLE CHECK HERE