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

SIGNATURE:

SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # A01000001437** DUBEY PROPERTIES, LTD. 08 MAR | | PM |: 07 Mailing Address Principal Place of Business % JOHN K. HUMPHRESS 3230 PABLO CREEK WAY 1040 E. PARK AVE. TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262008 Chg-LP CR2E003 (12/06) Applied For City & State 4. FEI Number City & State 59-3750545 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Donna HUMPHRESS, JOHN K Street Address (P.O. Box Number is Not Acceptable) 1040 EAST PARK AVENUE TALLAHASSEE, FL 32301 Pablo 'ceek Way Zip Code Tallahassee 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 SIGNATURE DATE 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 / STREET ADDRESS NAME DUBEY, DONNA STREET ADDRESS 8232 HUNTER RIDGE TRAIL CITY-ST-ZIP CITY-ST-ZIP TALLHASSEE, FL 32312 DOCUMENT # STREET ADDRESS FESSLER, MARIE D NAME 200119244102 STREET ADDRESS 1908 AYRSHIER PLACE CITY-ST-ZIP 03/03/08--01004--016 CITY-ST-ZIP OVIEDO, FL 32765 DOCUMENT # STREET ADDRESS HUMPHRESS, JOHN K STREET ADDRESS 1040 EAST PARK AVE. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32301 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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