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

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SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED Apr 28, 2008 08:00 AM Secretary of State **DOCUMENT # A02000000867** 1. Entity Name CONMAR, LTD. Principal Place of Business 3515 JONATHAN HARBOUR AVE. 3515 JONATHAN HARBOUR AVE. JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E003 (10/07) City & State City & State 4. FEI Number Applied For 38-2251172 Not Applicable Zιυ Country 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 CONLIN, JOHN W Street Address (P.O. Box Number is Not Addeptable) 3515 JONATHAN HARBOUR AVE. JUPITER FL 33477 City 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 Signature, woed or printed it arrel of registered agent and utile if applicable. 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 # STREET ADDRESS NAME CONLIN, JOHN W STREET ADDRESS 3515 JONATHAN HARBOUR AVE. CITY-ST-ZIP DITY-ST-ZIP JUPITER FL 33477 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS กร/วัไว้กลี–ลิกไว้กี–816 589.80 CITY-S1-ZIP CITY-ST-ZIP DOCUMENT ≱ STREET ADDRESS NAME STREET AUDRESS CHY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-S1-21F DOCUMENT # STREET AUGRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS. CHY-ST-7IP CITY-ST-ZIP 14. Thereby 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 path; that I am a General Parmer of the limited partnership or the receiver or trustee employed to execute this report as required by Chapter 620, Florida Statutes.