2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

STAPLE CHECK HERE

The

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

TĂLLAHASSEE, FLORIDA DOCUMENT # A03000000032 08 MAR 13 AM 7: 35 BARÁTTA FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 6550 N FEDERAL HIGHWAY 3090 NORTHEAST 42ND STREET FT. LAUDERDALE, FL 33308 #240 FT. LAUDERDALE, FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302008 CR2E003 (12/06) Chg-LP City & State City & State 4. FEI Number Applied For 20-1000187 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DYAL, J. PATRICK ESQ Street Address (P.O. Box Number is Not Acceptable) ROGERS, MORRIS & ZIEGLER 1401 EAST BROWARD BLVD., STE. 300 FT. LAUDERDALE, FL 33301 City Zip Code FL 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, typed or printed name of registered agent and little if applicable 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS BARATTA, FRANK G TRUSTEE NAME 000119998440 03/11/08--01032--005 **\$00.00 STREET ADDRESS 3090 NORTHEAST 42ND STREET CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL 33308 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 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

FILED

SECRETARY DE STATE

Daytime Phone #