2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

S-ECK

SIGNATURE:

FILED DOCUMENT # A03000000043 2007 APR -3 AM !!: 29 FLAMINGO PLAZA, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 401 E. LAS OLAS BLVD., SUITE 1000 401 E. LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072007 CR2E003 (12/06) Chg-LP City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Zio Country 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 Name MORGAN, GEORGE A Street Address (P.O. Box Number is Not Acceptable) 401 E. LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 12. ADDRESS CHANGES ONLY 13. DOCUMENT # L01645 STREET ADDRESS FLORIDA PROPERTY INVESTMENT PARTNERS, INC NAME STREET ADDRESS 401 E. LAS OLAS BLVD., SUITE 1000 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33301 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIF $04/\overline{09}/\overline{07}$ -01005--015 ¥¥รักก. กก 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 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADORESS 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

GEORGE H. MORGANTA.

RINTED NAME OF SIGNING GENERAL PARTNER

-15-G7