


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

**FILED  
Apr 14, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # A03000000326</b> 1. Entity Name GREGG VENTURES, LLLP	
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Principal Place of Business 1326 NORTH BLVD. WEST SUITE 7 LEESBURG FL 34748	Mailing Address 1326 NORTH BLVD. WEST SUITE 7 LEESBURG FL 34748
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 05-0555912	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  HOLT, M.C. 1326 NORTH BLVD. WEST SUITE 7 LEESBURG FL 34748
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 \_\_\_\_\_

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	GREGG, JAMES R TRUSTEE	STREET ADDRESS	
NAME	1326 NORTH BLVD. WEST SUITE 7	CITY- ST- ZIP	
STREET ADDRESS	LEESBURG FL 34748		U00000898185
CITY- ST- ZIP			04/25/08-80077-022-500.00
DOCUMENT #	GREGG MARSHALL, SUSAN	STREET ADDRESS	
NAME	4245 GLENGARY COURT	CITY- ST- ZIP	
STREET ADDRESS	ATLANTA GA 30342		
CITY- ST- ZIP			
DOCUMENT #	GREGG HART, CAROL	STREET ADDRESS	
NAME	706 NORTH RIDE	CITY- ST- ZIP	
STREET ADDRESS	TALLAHASSEE FL 32303		
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			

STAPLE CHECK HERE

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: James R. Gregg James R. Gregg 04-10-08 352-787-4434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #