2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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CHECK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

May 04, 2007 08:00 A Secretary of State DOCUMENT # A03000001135 LYNCH FAMILY PARTNERSHIP, LLLP Principal Place of Business Mailing Address · 7 COUNTRY CLUB ROAD 7 COUNTRY CLUB ROAD COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 and the first on the man to the fourth of the affect of the state of t DO NOT WRITE IN THIS SPACE 02132007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0185644 Not Applicable \$8.75 Additional 5. Certificate of Status Desired dally generaling in programme and here to a mile the way 6. Name and Address of Current Registered Agent Medical and Atlanta The the straight the title starting the straight of a straight or the LYNCH, KEVIN DO NOT WRITE 7 COUNTRY CLUB ROAD IN THIS SPACE COCOA BEACH, FL 32931 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. U00000781777 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 5/25/07-80693-017-500.60 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. tom; an amendment must be filed to change a general partner. In the part and the change a general partner, and the change a general partner. In the part and the change a general partner, and the change a gene GENERAL PARTNER INFORMATION 12. L03000027160 DOCUMENT # LYNCH MANAGEMENT, LLC NAME STREET ADDRESS 7 COUNTRY CLUB ROAD CiTY-ST-ZiP COCOA BEACH, FL 32931 OOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DDCUMENT # STREET ADDRESS IN THIS SPACE CITY-ST-7IP DOCUMENT # The second secon STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP per training and the state of t DOCUMENT # NAME STREET ADDRESS CITY+ST-7IP 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

Daytime Phone #