2008 LIMITED PARTNERSHIP ANNUAL REPORT

SECRETARY OF STATE TALLAHASSEE FLORIDA **Due By May 1, 2008** DOCUMENT # A03000001236 08 APR 23 AH 11: 04 1. Entity Name SUGDEN INVESTMENTS, LTD. Mailing Address Principal Place of Business C/O FOWLER WHITE BOGGS BANKER P.A. C/O FOWLER WHITE BOGGS BANKER P.A. 5811 PELICAN BAY BLVD, STE 600 5811 PELICAN BAY BLVD, STE 600 NAPLES, FL 34108 NAPLES, FL 34108 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Porter Wright Morris Arthur Porter Wright Morris Arthur Suite, Apt. #, etc. Suite, Apt. #, etc. 01212008 Chg-LP CR2E003 (12/06) 5801 Pelican Bay Blvd #300 <u>5801 Pelican Bay Blvd #300</u> Applied For 4. FEI Number City & State City & State 20-0231755 Not Applicable Naples, Naples, FI FI Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 34108 34108 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Porter Wright Morris & Arthur LLP FOWLER WHITE BOGGS BANKER P.A. Street Address (P.O. Box Number is Not Acceptable) 5811 PELICAN BAY BLVD, STE. 600 5801 Pelican Bay Blvd., Suite NAPLES, FL 34108 Zip Code 34108 Naples 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 registered agent, agisteres agent and title if applicable 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. P03000091984 DOCUMENT # STREET ADDRESS SUGDEN INVESTMENTS, INC. NAME 5811 PELICAN BAY BLVD, STE 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34108 DOCUMENT # STREET ADDRESS 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 ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

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14. I hereby certify that the information supplied with this filling 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 proof as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING GENERAL PARTNER SUGNER SIGNATURE: