<u>ئا دان</u>

2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED Apr 24, 2008 08:00 AN Secretary of State

DOCUMENT # A0300001482 1. Entity Name ADM FAMILY, LTD.			Secretary of Sta				
Principal Plac 3300 PHILIP JACKSONVILL		Mailing Address PO BOX 5369 JACKSONVILLE, FL 32247					
	 						
DO NOT WRITE IN THIS SPA			05	02082008 No Chg-LP			
			CE	4. FEI Number 20-03716	59	-	Applied For Not Applicable
				5. Certificate of S	Status Desired		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MCGEHEE, F. SUTTON JR 3300 PHILIPS HIGHWAY JACKSONVILLE, FL 32207			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for to ions of registered agent. Signature, typed or printed name of registered agent an	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept ### U00000919014 ###################################					
	FILE NOW!	!! FEE IS \$500.00 08, Fee will be \$900.00			Table 1 Special		
	A GENERAL PARTNER TH NOTE: General Partners MAY	AT IS A BUSINESS ENTITY M NOT be changed on the form					
12. DOCUMENT # NAME SIRELI ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER I L03000033239 FSM, LLC 3300 PHILIPS HIGHWAY JACKSONVILLE, FL 32207	NFORMATION					
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT /				-	OT WE		

STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statuindicated on this report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am a G

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 employeed to execute this report as required by Chapter 620, Florida Statutes

(9 04)

348

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT /

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Managing Mem

Member48-08

348 3300

Daytime Phone #