2007 LIMITED PARTNERSHIP ANNUÁL REPORT Due By May 1, 2007

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DOCUMENT # A03000001525 FILED **GUELFF FAMILY LIMITED PARTNERSHIP** 07 JUN 13 AM 9: 42 SECRETARY OF STATE TALL AHASSEE, FLORIDA Principal Place of Business Mailing Address 30 LAKE JUNE ROAD 30 LAKE JUNE ROAD LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 04252007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1461126 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUELFF, STEVEN M DO NOT WRITE 30 LAKE JUNE ROAD LAKE PLACID, FL 33852 IN THIS SPACE 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 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. DOCUMENT # NAME GUELFF, STEVEN M STREET ADDRESS 30 LAKE JUNE ROAD CITY-ST-ZIP LAKE PLACID, FL 33852 900104434569 05/15/07-01060--002 **500.00 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS 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 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER