2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

CHECK

SIGNATURE:

FILED **DOCUMENT # A03000001687** THE SNELL FAMILY LIMITED PARTNERSHIP 2007 APR -5 AM 9: 43 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 2963 WULFERT ROAD 2963 WULFERT ROAD SANIBEL, FL 33957 SANIBEL, FL 33957 03242007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SNELL, RICHARD A DO NOT WRITE 2963 WULFERT ROAD SANIBEL, FL 33957 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, typed or printed name of registered agent and title if applicable DATE 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 12. GENERAL PARTNER INFORMATION G03321700302 DOCUMENT # THE RICHARD A. SNELL REVOCABLE TRUST AGREE STREET ADDRESS 2963 WULFERT ROAD 700096497767 04/11/07--01035--001 **500.00 CITY-ST-ZIP SANIBEL, FL 33957 DOCUMENT # G03321700303 THE SHERIDAN F SNELL REVOCABLE TRUST AGREE NAME STREET ADDRESS 2963 WULFERT ROAD CITY-ST-ZIP SANIBEL, FL 33957 DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-718 IN THIS SPACE DOCUMENT # NAME STREET ACKNRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP 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 or the receiver or trustee empo 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 dwered to execute this report as required by Chapter 620, Florida Statutes

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER