

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

08 JUN -2 AM 8:32

<b>DOCUMENT # A04000000095</b> 1. Entity Name REALTORS & ASSOCIATES, LLLP			
Principal Place of Business 1266 LINGEN AVENUE NW PALM BAY, FL 32907		Mailing Address 1266 LINGEN AVENUE NW PALM BAY, FL 32907	
2. Principal Place of Business - No P.O. Box # 300 Cabana Blvd		3. Mailing Address 300 Cabana Blvd	
Suite, Apt. #, etc. 2308		Suite, Apt. #, etc. 2308	
City & State Panama City Beach, FL		City & State Panama City Beach, FL	
Zip 32407		Zip 32407	
Country USA		Country USA	
4. FEI Number 51-0496282		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  JACKSON, FRED L 1266 LINGEN AVENUE NW PALM BAY, FL 32907		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 300 Cabana Blvd, Ste 2308 Panama City Beach FL Zip Code 32407	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	JACKSON, FRED L 1266 LINGEN AVENUE NW PALM BAY, FL 32907	STREET ADDRESS CITY-ST-ZIP	300 Cabana Blvd #2308 Panama City Beach, FL 32407
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	IZQUIERDO, MARCOS A 6937 NW 173RD DR UNIT 208 MIAMI, FL 33015	STREET ADDRESS CITY-ST-ZIP	
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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: <u>Fred L. Jackson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Date <u>4/29/08</u> Daytime Phone # <u>850-249-7242</u>	

STAPLE CHECK HERE