


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

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # A04000000487 1. Entity Name MITCHELL RANCH PARTNERSHIP, LTD.	
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Principal Place of Business 8324 STATE ROAD 54 NEW PORT RICHEY, FL 34655-3003	Mailing Address 8324 STATE ROAD 54 NEW PORT RICHEY, FL 34655-3003
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**DO NOT WRITE IN THIS SPACE**

04212008 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-1087376	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

MITCHELL, JAMES W  
8324 STATE ROAD 54  
NEW PORT RICHEY, FL 34655-3003

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered 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.**

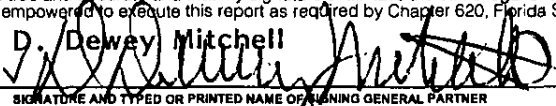
12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P04000157566
NAME	MITCHELL RANCH MANAGEMENT, INC.
STREET ADDRESS	8324 STATE ROAD 54
CITY-ST-ZIP	NEW PORT RICHEY, FL 346553003
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000938703  
05/27/08-80101-013 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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: D. Dewey Mitchell  4-29-08 727-569-2332  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #