2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

1. Entity Na	me	# A0400000	0962			FILED 08 FEB -8 PM 3: 40			
	COTIVICI	WOLID.							
911 CHEST	Principal Place of Business 911 CHESTNUT ST CLEARWATER, FL 33756 Mailing Address 911 CHESTNUT ST CLEARWATER, FL 3375							SECRETARY (ALLAHASSEE	•
2. Principal	Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Ap	t. #, etc.		Suite, Apt. #, etc.			01292008	Chg-LP	CR2E003 (12/06	5)
City & Sta	ate		City & State			4. FEI Number 20-12512	>57		Applied For
Zip		Country	Zip	Cour	ntry	5. Certificate of		\$8.75 Ac	dditional
	6. Nam	e and Address of Curren	t Registered Agent			7. Name and A	ddress of New	Registered Agent	
PIIDDEI	DENNIS	c		Name SAME					
	RUPPEL, DENNIS G 5201-102ND AVENUE NORTH					Street Address (P.O. Box Number is Not Acceptable)			
PINELLA	PINELLAS PARK, FL 33782					HESINUI S	1.		
					City CLEAG	RWATER		FL Zip Co.	3756
8. The abov	e named ent	ity submits this statement t	or the purpose of changing is		in the State of F				
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 act the obligations of registered agent.									
SIGNATURE		d or printed name of recistered street	<u> </u>	15 G.	RUPPEL	2/1/0	8	DATE	
Signature, typed or printed name of registered affect and title if applicable. DATE FILE NOWILL 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 PARTNE		13.				HANGES ONLY	
DOCUMENT #	DUDDE	9.11.0		STR	EET ADORESS				
STREET ADDRESS	RUPPEL 911 CHE	STNUT ST	спу			•			
CITY-ST-ZIP	. 1	VATER, FL 33756			Y-ST-ZIP	760118149547 02/15/0801036028 **500.00			
DOCUMENT #				STR	EET ADDRESS	02/15/	<u> </u>	36028 * *\$50	10.00
NAME STREET ADDRESS									
CITY-ST-ZIP				CITY	Y-ST-ZIP				
DOCUMENT #				STR	EET ADDRESS				
STREET ADDRESS CITY+ST-ZIP	s			cm	Y~ST-ZIP				
DOCUMENT #		*****		STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP DOCUMENT A	5			CITY	Y-ST-ZIP				
DOCUMENT /	<u> </u>			STA	ÉET ADDRÉSS				
STREET ADORESS	5			CITY	Y-SI-ZIP	 .			
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME				STR	EET ADDRESS				
STREET ADDRESS	5			CIF	Y-ST-ZIP				•
indicate	d on this rep	ort is true and accurate an	rith this filing does not qualify d that my signature shall hav e this report as required by C	e the sam	e legal effect as if	made under oath; t	Florida Statutes hat I am a Gene	. I further certify that the eral Partner of the limited	e information d partnership
SIGNA	THDE.	A. Kn		DENN	NIS G. RUP	PFI	2/1/08	727-461-1	818
SIGNA	IUKE:	SIGNATURE AND TYPED (OR PRINTED NAME OF SIGNING GENE			1 (Date Date	/ <u>Z / ~401 ~ 1</u> Daytime Phone *	