2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

FILED DOCUMENT # A04000001207 SULPHUR SPRINGS PARTNERS, LLLP 2007 MAR 22 AM 11: 08 Principal Place of Business Mailing Address SECRETARY OF STATE 801 NE 167TH STREET, 2ND FLOOR TALLAHASSEE, FLORIDA 801 NE 167TH STREET, 2ND FLOOR NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162 03072007 No Cha-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 05-0606331 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STERN, JEROME H DO NOT WRITE 1920 E. HALLANDALE BEACH BOULEVARD SUITE 906 IN THIS SPACE HALLANDALE, FL 33009 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. 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. GENERAL PARTNER INFORMATION 12. P03000025843 DOCUMENT # THE WEISSER REALTY GROUP, INC. NAME STREET ADDRESS 801 NE 167TH STREET, 2ND FLOOR 900095215699 03/29/07--01017--014 **500.00 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162 L04000052753 DOCUMENT # A & J SULPHUR SPRINGS GP LLC NAME STREET ADDRESS 1920 E. HALLANDALE BEACH BLVD., STE 906 CITY-ST-ZIP HALLANDALE, FL 33009 DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

-14-07

305-690-9110