2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SIGNATURE:

SIGNATURE AND TYPED OF PR

FILED Apr 29, 2008 08:00 AN Secretary of State

DOCU 1. Entity Nam CHEZ EL			Secretary of Sta
317 RACETR	te of Business Mailing Address ACK ROAD 819 PINEDALE ROAD BEACH, FL 32547 FT. WALTON BEACH, FL	32547	
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D	O NOT WRITE IN THIS S	PACE	04172008 No Chg-LP CR2E003 (12/06) 4. FEI Number Applied For Not Applicable
			5. Certificate of Status Desired \$8.75 Additional Fee Required
819 PINE	6. Name and Address of Gurrent Registered Agent LOWELL C JR DALE ROAD DN BEACH, FL 32547	,	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			
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable.		DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900	.00	
	A GENERAL PARTNER THAT IS A BUSINESS EN NOTE: General Partners MAY NOT be changed on th		
12.	GENERAL PARTNER INFORMATION	_	
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP	P95000086154 SOUTHERN VENTURES OF OKALOOSA COUNTY, INC. 819 PINEDALE ROAD FT WALTON BEACH, FL 32547		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			95/22/98-80028-006 S0U.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	1.11//		
14. I hereby certify that the information supplied with this fling does not realify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and the row 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 his report as required by Chapter 620, Florida Statutes			

4/28/08