


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

<b>DOCUMENT # A04000001359</b> 1. Entity Name USF - FONTANA, LTD.	
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Principal Place of Business 600 E. COLONIAL DRIVE, SUITE 100 ORLANDO, FL 32803	Mailing Address <del>434 MEETING STREET</del> <del>SUITE 110</del> <del>CHARLESTON, SC 29401</del>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State	3. Mailing Address  4390 Belle Oaks Drive Suite 320 Charleston, SC 29405  Zip                      Country                      Zip                      Country
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**FILED**  
**08 APR 28 PM 1:00**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



01152008    Chg-LP    CR2E003 (12/06)

<b>6. Name and Address of Current Registered Agent</b>  SCHRIMSHER, J. STEVEN 600 E. COLONIAL DRIVE, SUITE 100 ORLANDO, FL 32803	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL    Zip Code _____
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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.

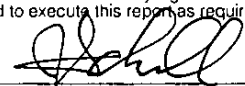
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000086295	STREET ADDRESS	
NAME	SCHRIMSHER INVESTMENTS CORPORATION	CITY-ST-ZIP	<b>400126144714</b> <b>04/28/08--01004--004 **500.00</b>
STREET ADDRESS	600 E COLONIAL DRIVE, SUITE 100		
CITY-ST-ZIP	ORLANDO, FL 32803		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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:     DATE: \_\_\_\_\_    Daytime Phone: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE