2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Mar 17, 2008 08:00 A Secretary of State **Due By May 1, 2008 DOCUMENT # A04000001452** FOLIEADEUX PARTNERSHIP, LTD. Principal Place of Business Mailing Address 1081 PARK AVENUE NORTH **1081 PARK AVENUE NORTH** WINTER PARK, FL 32789 WINTER PARK, FL 32789 03102008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1610659 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent MAGRUDER, G. BROCK SR DO NOT WRITE 1081 PARK AVENUE NORTH WINTER PARK, FL 32789 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, typed or printed name of registered agent and trie 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 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. P96000025938 DOCUMENT # NAME MAGRUDER CONSULTING, INC. 1081 PARK AVENUE NORTH STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 U00000862395 DOCUMENT # 04/03/08-80049-nns 5nn.nn NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME 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:

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SINATORE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytima Phone #