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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # A04000001551** 1. Entity Name S/ST. LUCIE PROPERTY, LTD. 08 MAR 31 PM 3: 37 Principal Place of Business Mailing Address 300 S.E. 2ND STREET 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 01152008 CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 65-1233946 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Robert Esposito JONES, PATRICIA Street Address (P.O. Box Number is Not Acceptable) c/o Stiles Corporation 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301 300 SE 2nd Street City <u>Ft. Lauderdale</u> 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: Robert Esposito 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 # L04000071582 STREET ADDRESS NAME S/ST. LUCIE PROPERTY, LLC STREET ADDRESS 300 S.E. 2ND STREET 300121513503 03/28/08--01012--018--**500.00 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL 33301 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

Terry W. Stiles January 31, 2008 954-627-9300