## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 12, 2008

## May 05, 2008 08:00 AN Secretary of State **DOCUMENT # A04000001571** THE MARTIN TANNER LIMITED PARTNERSHIP Mailing Address Principal Place of Business 300 OFFICE PARK DRIVE 300 OFFICE PARK DRIVE SUITE 206 SUITE 206 BIRMINGHAM, AL 35223 BIRMINGHAM, AL 35223 05062008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1849947 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE HARRISON, THOMAS W 1206 MANATEE AVENUE WEST BRADENTON, FL 34205 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 title if applicable In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. FILE NOW!!! FEE IS \$500.00 Due by September 12, 2008 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. L04000069693 DOCUMENT # MARTIN TANNER, LLC NAME 300 OFFICE PARK DRIVE, SUITE 206 STREET ADDRESS 1 J. J00000947409 CITY-ST-ZIP BIRMINGHAM, AL 35223 , 06/02/08-80013-003,500,00 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # 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 DOCUMENT # NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**FILED**