2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED SECRETARY OF STATE TĂLLĂHASSEE. FLORIDA **DOCUMENT # A0400001805** 1. Entity Name PENŃSYLVANIA PROPERTY PARTNERS, LTD. 08 MAY 22 PM 3: 52 Mailing Address Principal Place of Business 1600 N.W. 163RD STREET 1600 N.W. 163RD STREET MIAMI, FL 33269 MIAMI, FL 33269 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202008 CR2E003 (12/06) Chg-LP Applied For City & State City & State 4. FEI Number APPLIED FOR 20-1910260 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEIF, EVAN D ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O BRIER AND SEIF, P.A. 2800 PONCE DE LEON BLVD., SUITE 1125 CORAL GABLES, FL 33134 City Zip Code 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 SIGNATURE 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P04000145943 DOCUMENT # STREET ADDRESS PENNSYLVANIA PROPERTY GP, INC. STREET ADDRESS 1600 N.W. 163RD STREET CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33269 DOCUMENT # STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-Z₽ 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-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 port as equired by Chapter 620, Florida Statutes

Wayne E Chaplin

SIGNATURE:

2/20/08