2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A04007 08 APR 25 AM 10: 45 ZEPHYRHILLS, LTD. Principal Place of Business Mailing Address 500 SOUTH FLORIDA AVE., SUITE 700 P.O. BOX 5252 LAKELAND, FL 33807 LAKELAND, FL 33801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112008 Chq-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 31-6162272 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCFARLANE, PETER A. Street Address (P.O. Box Number is Not Acceptable) 500 SOUTH FLORIDA AVE., SUITE 715 LAKELAND, FL 33801 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 the obligations of registered agent. Signature, typed or printed name of registered agent and title 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # P29845 STREET ADDRESS A & M PROPERTIES, INC. NAME STREET ADDRESS 500 SOUTH FLORIDA AVE., SUITE 700 CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 33801 DOCUMENT / STREET ADDRESS <u>400125731994</u> 04/25/08--01005--016 ***508.75 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUM STREET ADDRESS NAME STREE CORESS CiTY+ST-ZIP СПҮ-DOCL! STREET ADDRESS NAM STRE. DDRESS CITY-ST-ZIP CIT . ZIP LIÉNT # DC STREET ADDRESS S. T ADDRESS Cr. - 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

Kim S Kelley

4/17/08

FILEU

863.647.1581