2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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2007 APR 30 AM 10: 24 **DOCUMENT # A05000000024** 1. Entity Name STOKES LAND GROUP, LLLP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4315 PABLO OAKS COURT, SUITE 1 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202007 CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 20-2070144 Not Applicable Zip Žip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT Corporation Syst Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Tsland STOKES LAND GROUP, LLC 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224 City Plantation Zip Code 33334 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 Barbara A. Burke 1.2000 Special Assistant Secretary FILE NOW!!! FEE 18 \$500.00 After May 1, 2007, 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 1.04000086277 DOCUMENT # STREET ADDRESS NAME STOKES LAND GROUP, LLC STREET ADDRESS 4315 PABLO OAKS COURT, SUITE 1 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32224 000101972590 05/03/07--01046--001 **500.00 DOCUMENT # STREET ADDRESS MASA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 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 filling 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/shallhave the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee employered to execute this report is required by Chapter 620. Florida Statutes By: Stokes cand Graphy (Life 15 cole general partnership) SIGNATURE: 3

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