

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 1:08

DOCUMENT # A05000000444 1. Entity Name FULCRUM #1 LIMITED PARTNERSHIP	
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Principal Place of Business 5055 NW 98TH WAY CORAL SPRINGS, FL 33076	Mailing Address 5055 NW 98TH WAY CORAL SPRINGS, FL 33076
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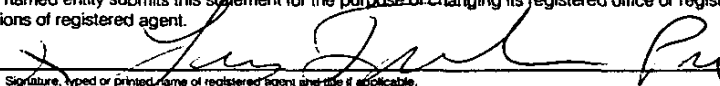
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01212008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent FROMKIN, LEWIS 5055 NW 98TH WAY CORAL SPRINGS, FL 33076	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  DATE 2/25/08

Signature, typed or printed name of registered agent and date if applicable.

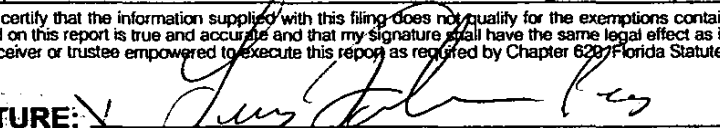
FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 #	L04000088196	STREET ADDRESS	<div style="border: 1px solid black; padding: 2px;"> 900117966969 02/19/08--01029--022 **508.75 </div>
NAME	FROMKIN ENERGY, LLC	CITY - ST - ZIP	
STREET ADDRESS	5055 NW 98TH WAY		
CITY - ST - ZIP	CORAL SPRINGS, FL 33076		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

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:  DATE 2/25/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER