2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

Due By May 1, 2008						Ph per els als	FILEU	
DOCUMENT # A0500000444 1. Entity Name FULCRUM #1 LIMITED PARTNERSHIP							FILED RETARY OF STATE AHASSEE, FLORIDA AR II PM 1: 08	
Principal Place of Business Mailing Address						0011	wil to 1:08	
5055 NW 98TH WAY 5055 NW 98TH WA CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL			3076		. mentan rint av	ust ätdt asm sem den	i sen skiy sem sien siya gibtet et ipel	
Principal Place of Business - No P.O. Box # 3. Mailing Address				- ,, -				
Suite, Apt. #, etc. Suite, Apt. #,			с.		01212008	Chg-LP	CR2E003 (12/06)	
		City & State			4. FEI Number -APPLIED	FOR 202	030400 Applied For Not Applicable	
Zip		Country Zip Cou		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	7. Name and Address of New Registered Agent Name						
FROMKIN, LEWIS 5055 NW 98TH WAY CORAL SPRINGS, FL 33076				Street Address (reet Address (P.O. Box Number is Not Acceptable)			
				City			Zip Code	
8. The above	named entity submits this statement to	r the nurnose of changing its	ronister	L	ed agent or both	in the State of Fir	<u>FL</u>	
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 Signature, typed or privated same of registered signal aire title it expisicable. 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	RINFORMATION	13.			ADDRESS CH	ANGES ONLY	
NAME STREET ADDRESS	FROMKIN ENERGY, LLC 5055 NW 98TH WAY		STR	EET ADDRESS	98	01179	166969	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY	1-ST-ZIP	02/13/	08~~01058	U22 ***508.75 	
DOCUMENT / NAME STREET ADDRESS			STR	EET ADORESS				
CITY-ST-ZIP			an	1-S1-ZP				
NAME			STR	EET ADORESS			-	
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP				
DOCUMENT / NAME STREET ADDRESS			STR	EET ADORESS				
CITY-ST-ZIP			CIII	r-st-zip				
NAME STREET ADDRESS			STR	EET ADORESS			· — — — —	
CITY-ST-ZIP DOCUMENT			CITY	f-ST-ZIP				
NAME STREET ADDRESS			ł	EET ADDRESS				
CITY-ST-ZIP 14. I hereby indicated	certify that the information supplied will be the control of the c	r-ST-ZIP exemptions contains	ed in Chapter 119	, Florida Statutes.	I further certify that the information			
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Deptin Phone #								
SIGNALORIC AND FFYELD OR FRONTED HABIE OF SIGNING GENERAL PARTICER Date Departs Phone #								