2008 LIMITED PARTNERSHIP ANNUAL REPORT FILED Due By May 1, 2008 Feb 01, 2008 08:00 AN **DOCUMENT # A05000000961 Secretary of State** COUNCIL BAY FARMS, LTD. Mailing Address Principal Place of Business P.O. BOX 3881 P.O. BOX 388 RUSKIN, FL 33575 RUSKIN, FL 33575 01152008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2863758 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PAULK, JOHN R 3 DICKMAN ISLAND RUSKIN, FL 33570 IN THIS SPACE 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 re gistered agent. SIGNATURE 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 DOCUMENT # PAULK, JOHN R NAME STREET ADDRESS P.O. BOX 388 CITY-ST-ZIP RUSKIN, FL 33575 U000000812187 DOCUMENT # 02/12/08-80036-016 500.00 PAULK, GAIL C NAME STREET ADDRESS P.O. BOX 388 CITY-ST-ZIP RUSKIN, FL 33575 DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-7IP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS 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 local effect as it 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 6.6. Florida Statutes.

SIGNATURE:

DOCUMENT #

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTHER

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