2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A0500001035 08 MAR 20 AM 11: 27 600 WILKINSON, LLP Principal Place of Business Mailing Address 901 VIA LUGANO 901 VIA LUGANO WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. CR2E003 (12/06) 4. FEI Number 2029/7022 City & State City & State Applied For -APPLIED FOR Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DFLATER, RICHARD C/O WELWYN MANAGEMENT CO. Street Address (P.O. Box Number is Not Acceptable) 901 VIA LUGANO WINTER PARK, FL 32789 City Zip Code FL 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 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS DELATER, RICHARD E STREET ADDRESS 901 VIA LUGANO CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 32789 DOCUMENT # STREET ADDRESS 600120815626 NAME 03/20/08--01022--008 **500.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-SI-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # CHECK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 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 senature 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 the required of Chapter 620, Florida Statutes SIGNATURE: