2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2008 Mar 12, 2008 08:00 A Secretary of State **DOCUMENT # A05000001368** 1. Entity Name 1ST BEACH REALTY, LTD. Principal Place of Business Mailing Address 1500 PENMAN ROAD PO BOX 51247 NEPTURNE, FL 32266 JACKSONVILLE BEACH, FL 32240 01062008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3149816 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KEASLER LAW FIRM, P.A. 10407 CENTURION PARKWAY N **SUITE 112** IN THIS SPACE JACKSONVILLE, FL 32256 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, 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. 12. GENERAL PARTNER INFORMATION P05000098596 DOCUMENT # NAME 1ST BEACH MANAGEMENT, INC. STREET ADDRESS 10407 CENTURION PARKWAY N #112 #U0000085568 CITY-ST-ZIP JACKSONVILLE, FL 32256 203/27208=80051-01:14500 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME

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:

STREET ADDRESS CITY-ST-ZIP DOCUMENT # MAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GEN

DAVID W. COLE TR