2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2008 Feb 11, 2008 08:00 A **DOCUMENT # A05000001499 Secretary of State** 1. Entity Name ROWAN OFFICES, LTD. Principal Place of Business Mailing Address 9400 RIVER CROSSING BLVD 9400 RIVER CROSSING BLVD SUITE 102 SUITE 102 NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655 01062008 No Chg-LP CR2E003 (12/06) Applied For 4. FEI Number Not Applicable 20-3272727 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DEEB, ALEX R DO NOT WRITE 9400 RIVER CROSSING BLVD NEW PORT RICHEY, FL 34655IN 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 registered agent. Signature, typed or printed name of registered agent and little 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 U00000824909 W02/20/08-80097-018/508 12. P05000045224 DOCUMENT # JHDF, INC. NAME 9020 RANCHO DEL RIO DRIVE, SUITE 125 STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP and the state of t DOCUMENT # NAME **DONOT WRITE** STREET ADDRESS CITY - ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

14. I hereby certify that the information supplied with this filling 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