2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SECRETARY OF STATE TALLAHASSEE, FLORIDA

08 APR 23 PM 4: 41

Precipilal Piscs of Business Sc20 125 NAPHUE NORTH LARGO, Pt. 13773 LARGO, Pt.	1. Entity Name	MENT # A05264 ESTMENTS, LTD.					V8 F	PR 23	PM 4: 41
Surie. Apt. #, otc. Surie. Apt. #, etc. Surie. Apt. #, etc. D4032008 Chg-LP CR26003 (12/06) City & State City & State 4. FE! Number Sp-1703562 No. Applied For No. Applied Fo	6520 125TH AVENUE NORTH 6520 125TH AVENUE			JE NORTH					
City & State Country	2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address						
See Troubles See Country 2 p Country 6. Name and Address of Current Registered Agent BURKE, ROBERT C JR KIMPTON, BURKE & BOBENHAUSEN, P.A. (Remove name) 412 TARPON AVENUE 12 TARPON AVENUE 8. The above named entity submits thing distered life or experience of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accommode entity submits thing distered the members of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accommode entity submits thing distered the familiar with, and accommode entity submits thing distered the familiar with, and accommode entity submits thing distered the familiar with, and accommode entity submits thing distered the familiar with, and accommode entity submits thing distered the familiar with, and accommode entity submits thing distered the familiar with, and accommode entity submits thing distered the familiar with, and accommode entity submits thing distered the familiar with, and accommode entity submits thing distered the familiar with, and accommode entity familiar the information familiar with, and accommode entity familiar with entity familiar with and accommode entity familiar with	Suite, Apt. #, etc.		Suite, Apt. #. etc.			04032008	Chg-LP	CR2E003	(12/06)
E. The above named sprits publicing of special partners. By Couriery September 20 and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name 19 Address of New Registered Agent 19 Address of New Registered 19 Address of New Registered 19 Address of New Registered 19 Add	City & State		City & State			82		<u> </u>	
BURKE, ROBERT C. IR KIMPTON, BURKE & BOBENHAUSEN, P.A. (Remove name) 412 TARPON AVENUE TARPON SPRINGS, FL 34689 412 TARPON S	Zip	Country	Zip	Cour	ntry	1			.75 Additional
BURKE ROBERT C. JR KINPTON IDENTE & BOBENHAUSEN, P.A. (Remove name) 12 TARPON SPRINGS, FL 34689 8. The above named analy submits this platement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, not according to the objection of platement agent are the displatement of the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, not according to the object of the objec		6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New Re		····
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 accerding to registered agent, or both, in the State of Florida. I am familiar with, and accerding to registered agent, or both, in the State of Florida. I am familiar with, and accerding to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accerding to the florida. I am familiar with, and accerding the state of Florida. I am familiar with, and accerding to the florida. I am familiar with, and accerding the state of Florida. I am familiar with, and accerding the state of Florida. I am familiar with, and accerding the state of Florida. I am familiar with, and accerding the state of Florida. I am familiar with, and accerding the state of Florida. I am familiar with, and accerding the state of Florida. I am familiar with, and accerding the state of Florida. I am familiar with, and accerding the state of Florida. I am familiar with, and accerding the state of Florida. I am familiar with, and accerding the state of Florida. I am familiar with, and accerding the state of Florida. I am familiar with, and accerding the state of Florida. I am familiar with, and accerding the state of Florida. I am familiar with, and accerding the state of Florida. I am familiar with, and accerding the state of Florida. I am familiar with, and accerding the state of Florida. I am familiar with, and accerding the state of Florida. I am familiar with, and accerding a state of Florida. I am familiar with, and accerding a state of Florida. I am familiar with, and accerding a state of Florida. I am familiar with, and accerding a state of Florida. I accerding the state of Florida. I accerding th	KIMPTON,	BURKE & BOBENHAUSEN,	P.A.(Remove nam	ne)	Ro				
B. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of a statement of impered agent and text appeals on the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of a statement of impered agent and text appeals on the form; an amendment must be filed to change a general partner. 12. 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 13. ADDRESS CHANGES ONLY 13. ADDRESS CHANGES ONLY 14. DOCUMENT I ADDRESS CHANGES ONLY 15. IF ADDRESS CHANGES ONLY 16. STREET ADDRESS CHANGES ONLY 16. STREET ADDRESS CHANGES ONLY 17. ST. 2P 17. ST.	TARPON SPRINGS, FL 34689								
THE POPULATION OF THE SIGNATURE SIGN					Ta			FL	34689
FILE NOW!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 AGENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERD 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 13. ADDRESS CHANGES ONLY DOCUMENT / NAME SIREL ADDRESS DOCUMENT / NAME STREL ADDRESS LITY-SI-2P WOOTEN, GREGORY H 6520 125TH AVENUE NORTH LARGO, FL 33733 STREL ADDRESS CITY-SI-2P DOCUMENT / NAME SIREL ADDRESS CITY-SI-2P CITY-SI-2P DOCUMENT / NAME SIREL ADDRESS CITY-SI-2P CITY-SI-2P DOCUMENT / NA	the obligati	ons of Agistered ager.	h p			red agent, or both, i			
12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMEN! / NAME WOOTEN, JAMES N SIREL ADDRESS CHANGES ONLY CITY-SI-2P LARGO, FL 33773 DOCUMEN! / NAME WOOTEN, GREGORY H SIREL ADDRESS GESO 125TH AVENUE NORTH LARGO, FL 33733 DOCUMEN! / NAME SIREL ADDRESS CITY-SI-2P LARGO, FL 33733 DOCUMEN! / NAME SIREL ADDRESS CITY-SI-2P CIT		FILE NO	W!!! FEE IS \$500.00						
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME SIRE! ADDRESS CITY-S1-2P DOCUMENT / NAM									ar
MAKE SIRE! ADDRESS CITY-SI-2P DOCUMENT / NAME SIRE! ADDRESS CITY-SI-2P DOCUMENT / NAME SIRE! ADDRESS CITY-SI-2P DOCUMENT / NAME SIRE! ADDRESS CITY-SI-2P CITY-SI-2P CITY-SI-2P CITY-SI-2P CITY-SI-2P THE I ADDRESS CITY-SI-2P CITY-SI-2P CITY-SI-2P CITY-SI-2P CITY-SI-2P CITY-SI-2P CITY-SI-2P THE I ADDRESS CITY-SI-2P C	12.				· ,				
SIRELI ADDRESS CITY-SI-ZP DOCUMENT / NAME SIRELI ADDRESS CITY-SI-ZP DOCUMENT / NAME SIRELI ADDRESS CITY-SI-ZP DOCUMENT / NAME SIRELI ADDRESS CITY-SI-ZP CITY-SI-		WOOTEN JAMES N		STR	EET ADDRESS				
DOCUMENT / NAME SIREET ADDRESS D4722/U3-U1142-U14 **500.75 SIREET ADDRESS D14722/U3-U1142-U14 **500.75 CITY-S1-ZIP CITY-S1-Z	STREET ADDRESS	6520 125TH AVENUE NORTH		CITY	Y-S1-ZIP		-		· · · · · · · · · · · · · · · · · · ·
WOOTEN, GREGORY H SIREIT ADDRESS 6520 125TH AVENUE NORTH LARGO, FL 33733 SIREIT ADDRESS CITY-S1-ZIP OCCUMENT / NAME SIREIT ADDRESS CITY-S1-ZIP C		LARGO, FL 337/3		610	ILL ADDRESS	047221	125	150 ;	□ (0 6 4509175
DOCUMENT / MAME SIREET ADDRESS CITY-S1-ZIP DOCUMENT / NAME SIREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP TOTAL ADDRESS CITY-S1-ZIP CITY-S1-ZIP DOCUMENT / NAME SIREET ADDRESS CITY-S1-ZIP	STREET ADDRESS	6520 125TH AVENUE NORTH					,5 01012		
SIREET ADDRESS CITY-ST-ZIP OCCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP AMME SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 14. 1 hereby certify that the information supplied with the finder and accurate and that may signature shall have the same legal effect as it made under oath; that I am a General Partner of the limited partnersh or the receiver or truster empower of the general street as required by Chapter 620, Florida Statutes	DOCUMENT #			. STR	EET ADDRESS	· · · · · · · · · · · · · · · · · · ·		-	_
OCCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP The street Address CITY-ST-ZIP DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with the filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatic indicated on this report is rule and accurate any first my signature shall have the same legal effect as it made under oath; that I am a General Partner of the limited partnersh or the receiver or truster empowered to effect the seport as required by Chapter 620, Florida Statutes	STREET ADDRESS			CIT	Y-S1-ZIP				
STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with the find on any signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnersh or the receiver or trustey employee doto effective the street in the same legal effect as if made under oath; that I am a General Partner of the limited partnersh or the receiver or trustey employee doto effective the street in street in the same legal effect as if made under oath; that I am a General Partner of the limited partnersh or the receiver or trustey employee doto effective the street in street in the same legal effect as if made under oath; that I am a General Partner of the limited partnersh or the receiver or trustey employee doto effective the street in street in the same legal effect as if made under oath; that I am a General Partner of the limited partnersh or the receiver or trustey employee doto effective the street in street in the same legal effect as if made under oath; that I am a General Partner of the limited partnersh or the receiver or trustey employee doto effective the street in the same legal effect as if made under oath; that I am a General Partner of the limited partnersh or the receiver or trustey employee and the street in the same legal effect as if made under oath; that I am a General Partner of the limited partnersh or the same legal effect as if made under oath; that I am a General Partner of the limited partnersh or the same legal effect as if made under oath; that I am a General Partner of the limited partnersh or the same legal effect as if made under oath; that I am a General Partner of the limited partnersh or the same legal effect as if made under oath; that I am a General Partner of the limited partnersh or the same legal effect as if made under oath; that I am a General Partner of the limited partnersh or the same legal ef				SIR	REET ADDRESS				
NAME SIREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with the filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatic indicated on this report is true and accurate arth that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnersh or the receiver or trustey empowered to effective the case required by Chapter 620, Florida Statutes	STREET ADDRESS			Cil	Y-S1-ZIP		· · · · · · · · · · · · · · · · · · ·	·· ·	
CITY-S1-ZIP DOCUMENT / NAME STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP CITY-S1-ZIP 14. I hereby certify that the information supplied with the filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatic indicated on this report is true and accurate and frainty signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnersh or the receiver or trustee empowered to exempt the paper as required by Chapter 620, Florida Statutes				STE	REET AUDRESS				
SIRET ADDRESS CITY-SI-ZIP CITY-SI-ZIP 14. I hereby certify that the information supplied with the filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatic indicated on this report is true and accurate and that may signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnersh or the receiver or trustey empowered to execute the required by Chapter 620, Florida Statutes				CIT	Y-SI-ZIP				
CITY-SI-ZIP 14. I hereby certify that the information supplied with the 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 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 filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with the information supplied with the information supplied with the information of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with				STF	REET ADDRESS				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CITY-SI-ZIP								
1	14. I hereby indicated or the rec	certify that the information supplied w on this report is true and accurate an eiver or trustes emponeyed to execut	thythis filing does not qua dinat my signature shall the of this report as required by	lily for the e lave the san y Chapter 6	exemptions containe ne legal effect as it 20, Florida Statutes	ed in Chapter 119, i made under oath; th	Florida Statutes. nat I am a Gener	I further certify al Partner of th	that the information le limited partnership
SIGNATURE: James N. Wooten 4-16-08 SIGNATURE: James N. Wooten 4-16-08 Date Date Date Date Date Date Date Date		TURE:	a/C	Jame	s N. Woote			-16-08	