

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:34

<b>DOCUMENT #A05266</b> 1. Entity Name CALIFORNIA FIRST, LTD.					
Principal Place of Business 3945 FREEDOM CIR. SUITE 640 SANTA CLARA, CA 95054			Mailing Address 3945 FREEDOM CIR. SUITE 640 SANTA CLARA, CA 95054		
2. Principal Place of Business - No P.O. Box # 750 University Ave. Suite, Apt. #, etc. Suite 270 City & State Los Gatos, CA Zip 95032 Country USA		3. Mailing Address 750 University Ave. Suite, Apt. #, etc. Suite 270 City & State Los Gatos, CA Zip 95032 Country USA			
03262008    Chg-LP    CR2E003 (12/06)				4. FEI Number 59-1707804	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  PARACORP INCORPORATED 236 EAST 6TH AVE. SUITE 204 TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	GP0300000311		STREET ADDRESS	200127249672	
NAME	MCCANDLESS PARTNERSHIP		CITY-ST-ZIP	04/30/08--01011--018 **254.37	
STREET ADDRESS	3945 FREEDOM CIR., #640		CITY-ST-ZIP	200127249672	
CITY-ST-ZIP	SANTA CLARA, CA 95054		CITY-ST-ZIP	04/30/08--01011--019 **254.38	
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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:			4/24/08    (408) 394-9400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date    Daytime Phone #		

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