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

City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  5. Certificate of Status Desired  RepPLIED FOR  5. Certificate of Status Desired  7. Name and Address of New Registered  Name  BRENNAN MANNA & DIAMOND, P.L.  76 SOUTH LAURA STREET, SUITE 2100  JACKSONVILLE, FL 32202  City  City  F  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 are the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  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 OF COUNDRIT.  NAME  SIRET ADDRESS  CITY-SI-ZIP  CITY-SI-ZIP  SIRET ADDRESS  CITY-SI-ZIP  CITY-SI-ZIP  SIRET ADDRESS  SIRET ADDRES	E003 (12/06)  Applied For Not Applicable \$8.75 Additional Fee Required
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APPLIED FOR  Zip Country Zip Country 5. Certificate of Status Desired   6. Name and Address of Current Registered Agent 7. Name and Address of New Registered  BRENNAN MANNA & DIAMOND, P. L. 76 SOUTH LAURA STREET, SUITE 2100  JACKSONVILLE, FL 32202  City F  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 are 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 OF ADDRESS CHANGES OF ADDR	Not Applicable \$8.75 Additional Fee Required
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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 conditionated 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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	**
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED MANEGOF BIGNING GENERAL PARTNER  Date  Date	ertify that the information of the limited partnership