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

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A06000000385 1. Entity Name J.T. REEDER PARTNERS, LLLP 08 MAR 11 PM 4: 38 Principal Place of Business Mailing Address 10608 U.S. 41 NORTH P.O. BOX 554 PALMETTO, FL 34221 PALMETTO, FL 34220 2. Principal Place of Business - No P.O. Box # Malling Address Suite, Apt. #, etc. 01082008 Chg-LP CR2E003 (12/06) City & State 4. FEI Number Applied For 20-8354466 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent QUINLAN, JOHN V ESQ 601 12TH STREET WEST Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34205 City 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 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 ADDRESS CHANGES ONLY DOCUMENT / P06000140315 STREET ADDRESS NAME J.T. REEDER, INC. STREET ADDRESS P.O. BOX 554 CITY-ST-ZIP CITY-ST-ZIP \*\*350.00 PALMETTO, FL 34220 03/25/08~-01056--021 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET TORESS CITY-ST-ZIP CITY-ST TIP 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 employered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: . SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

FILED