2008 LIMITED PARTNERSHÎP ANNUAL REPORT Due By May 1, 2008

FILED Jan 28, 2008 08:00 A Secretary of State

| Due By May 1, 2008 | | | | Jan 28, 2008 08:00 | |
|--|---|--|--------------------------------|--|---|
| 1. Entity Nar | IMENT # A0600000424 THE ANNEX V, LTD. | • | | | Secretary of Sta |
| Principal Pla 3546 PLOV NAPLES, FL | er avěnué Samana – 354 | ling Address 46 PLOVER AVENUE PLES, FL 34117 | | | 3 14 15 10 17 7 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| DO NOT WRITE IN THIS SPACE | | | | 01182008 No Chg-LP 4. FEI Number 51-0578158 5. Certificate of Status Desired | CR2E003 (12/06) Applied For Not Applicable \$8.75 Additional Fee Required |
| | 6. Name and Address of Current Registe | red Agent | - | | |
| BROCK, WILLIAM C JR. 3546 PLOVER AVENUE NAPLES, FL 34117 | | | | DO NOT W IN THIS SF | |
| the obliga | e named entity submits this statement for the pur tions of registered agent. | rpose of changing its registere | d office or register | ed agent, or both, in the State of Flo | rida. I am familiar with, and accept |
| SIGNATURE | Signature, typed or printed name of registered agent and title if an | pplicable. | | | DATE |
| | FILE NOW!!! FE After May 1, 2008, F | ee will be \$900.00 | | | |
| | A GENERAL PARTNER THAT IS NOTE: General Partners MAY NOT | A BUSINESS ENTITY MU | UST BE REGIST : an amendmen | 'ERED AND ACTIVE WITH TH t must be filed to change a ge | IS OFFICE. eneral partner. |
| 12. | GENERAL PARTNER INFORM | | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | BROCK, WILLIAM C JR. 3546 PLOVER AVENUE NAPLES, FL 34117 | | . • | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | | U00000 01/31/08- | 800816 80031-025 500.00 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | | DO NOT WE | |
| DOCUMENT # NAME STREET ADDRESS | | | | IN THIS SPA | ACE |
| CITY: ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | · | | | | |
| DOCUMENT ≠ | , | | | | *** |

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 cath, 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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

WILLIAM C. BROCK, JR.

JANUARY 21, 2008

Date

239-643-5588

Daylime Phone #