## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## FILED DOCUMENT # A06000000596 07 APR 27 AM 8: 12 TSCPR FAMILY PARTNERSHIP #10, LTD., S.E. SECRETARY OF STATE TALLAHASSEE.FLORIDA BK Principal Place of Business Mailing Address 5858 CENTRAL AVE. 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707-1728 ST. PETERSBURG, FL 33707-1728 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022007 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 20-4924106 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHER, CRAIG Street Address (P.O. Box Number is Not Acceptable) 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707-1728 City Zip Code FL 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 it applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 13. ADDRESS CHANGES ONLY P97000081031 DOCUMENT # STREET ADDRESS NAME TSCPR FLORIDA, INC. STREET ADDRESS 5858 CENTRAL AVE. CITY-ST-7IP ST. PETERSBURG, FL 337071728 CITY-ST-ZIP DOCUMENT / 300101852423 //2//7--11/49--004 \*\*\*\* 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 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 lied with fis filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information at and first my signature shall have the same legal effect as it made under oath; that I am a General Partner of the limited partnership executes its report as required by Chapter 620, Florida Statutes I hereby certify that the information sup indicated on this report is true and account. or the receiver or trustee empowered SIGNATURE: TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER SIGNATURE A

CRAIG H. SHER