2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

CHECK

SIGNATURE:

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A06000000688 1. Entity Name RHODES/JACKSON FAMILY, LP 07 JAN 26 AM 9: 28 Principal Place of Business Mailing Address C/O KENNETH EDELMAN, 2255 GLADES ROAD C/O DONALD PHILLIPS SUITE 337W 6 CLIPPER COURT BOCA RATON, FL 33431 OCEAN PINES, MD 21811 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E003 (12/06) 01082007 Chg-LP Applied For City & State City & State 4. FEL Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDELMAN, KENNETH Street Address (P.O. Box Number is Not Acceptable) 2255 GLADES ROAD SUITE 337W BOCA RATON, FL 33431 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, 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS NAME PHILLIPS, DONALD T TRUSTEE STREET ADDRESS **6 CLIPPER COURT** CITY-ST-ZIP CITY-ST-ZIP OCEAN PINES, MD 21811 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - 9000867991 01/31/07--01017--019 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY ST-ZIP CITY-ST-ZIP DOCUMENT ≠ STREET ADDRESS NAME STREET ADDRESS CHY-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-ZIP CITY-ST-ZIP 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

Donald J. Phillips DONALD T. Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILLU

410-208-0466