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

STAPLE CHECK HERE

STREET ADDRESS

CITY-ST-ZIP

FILED

| Due By May 1, 2008   |   |                                 |  |                      | FILLIA   |
|--|---|---------------------------------|--|----------------------|--|
| DOCUMENT # A0600000688  1. Entity Name RHODES/JACKSON FAMILY, LP   |   |                                 |  |                      | 08 JAN 15 PM 2: 35  SECRETARY OF STATE TAILAMASSEE. FLORIDA                  |
| Principal Place of Business<br>C/O KENNETH EDELMAN, 2255 GLADES ROAD<br>SUITE 337W<br>BOCA RATON, FL 33431   |   | 6 CLIPPER COUR                  | Mailing Address<br>C/O DONALD PHILLIPS<br>6 CLIPPER COURT<br>OCEAN PINES, MD 21811 |                      |  |
| 2. Principal P   | flace of Business - No P.O. Bo                          | x # 3. Mailing Address          | 5  |                      |  |
| Suite, Apt. #. etc.  |   | Suite, Apt. #, etc              | Suite, Apt. #, etc.  |                      | 01042008 Chg-LP CR2E003 (12/06)  |
| City & State   |   | City & State                    | City & State   |                      | 4. FEI Number 20-4936058 Applied For APPLIED FOR Not Applicable              |
| Zip  | Zip Country   |                                 | Country  |                      | 5. Certificate of Status Desired \$8.75 Additional Fee Required              |
|  | 6 Name and Address of                                   | Current Registered Agent        |  |                      | <u> </u>   |
|  | c. Name and Address of                                  | Current Registered Agent        |  | Name                 | 7. Name and Address of New Registered Agent                                  |
| EDELMAN, KENNETH<br>2255 GLADES ROAD<br>SUITE 337W   |   |                                 |  |                      | (P.O. Box Number is Not Acceptable)  |
| BOCA RATON, FL 33431   |   |                                 |  |                      |  |
|  |   |                                 |  | City FL Zip Code     |  |
|  | named entity submits this stations of registered agent. | tement for the purpose of chang | ging its registere   | ed office or registe | ered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE Signature, typed or printed name of registered agen; and tale 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. |   |                                 |  |                      |  |
|  |   |                                 |  | ; an amendme         |  |
| 12.  |   |                                 | 13.  | <del></del>          | ADDRESS CHANGES ONLY   |
| DOCUMENT#<br>NAME  | PHILLIPS, DONALD T TRUSTEE                              |                                 | STREE  | E1 ADDRESS           |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 6 CLIPPER COURT<br>OCEAN PINES, MD 21811                |                                 | CITY-  | ST-ZIP               |  |
| DOCUMENT #<br>NAME   |   |                                 | STREE  | ET ADDRESS           | 700115063037<br>01/14/0801052008 **500,00                                    |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |                                 | CITY-  | S1-ZIP               | 017 1 7 00 0100E 000 ***,000,00  |
| DOCUMENT #   |   | <u> </u>                        | STREE  | LI ADDRESS           |  |
| NAME<br>STREET ADDRESS   |   |                                 | CITY-  | ST-ZIP               |  |
| CITY-ST-ZIP  |   |                                 |  |                      | - W  |
| DOCUMENT #<br>NAME   |   |                                 | STREE  | ET ADURESS           |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |                                 | CITY-  | S1-ZIP               |  |
| DOCUMENT <b>}</b><br>NAME  |   |                                 | STREE  | E1 ADORESS           |  |
| STREET ADDRESS<br>City-St-Zip  |   |                                 | CIIY-  | ST-ZIP               |  |
| DOCUMENT #   |   |                                 | SIRFF  | ET ADDRESS           |  |

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

CITY-ST-ZIP

SIGNATURE: Double J. Phillips Donald T. Phillips 1/7/08 410-208-0466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Doyline Phone #