2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A06000000766 08 FEB 19 PH 12: 34 1. Entity Name CASSELBERRY HOLDINGS, NO. I, LLLP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address P.O. BOX 180355 P.O. BOX 180355 CASSELBERRY, FL 32718 CASSELBERRY, FL 32718 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Zip Zip Country 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 Name DAVIS, BRADLEY 100 TECHNOLOGY PARK, SUITE 170 Street Address (P.O. Box Number is Not Acceptable) LAKE MARY, FL 32746 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE 2003 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12, 200112062 14/08-01040-014 L05000080200 DOCUMENT # STREET ADDRESS NAME LC & JC ENTERPRISES, LLC STREET ADDRESS 1201 HELEN STREET CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY, FL 32708 DOCUMENT 4 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 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-ZIP CITY-ST-ZIP 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 Introduction or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes MERM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED