2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED **DOCUMENT # A06000001230** BUESCHER INVESTMENTS, LLLP 08 JAN 30 PM 4: 02 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 440 SOUTH BABCOCK STREET 440 SOUTH BABCOCK STREET MELBOURNE, FL 32901 MELBOURNE, FL 32901 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. Chg-LP CR2E003 (12/06) 01162008 Applied For City & State City & State 4. FEI Number 20-5752197 Not Applicable Zip Country Zip 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 NASH, CHARLES IAN Street Address (P.O. Box Number is Not Acceptable) 440 SOUTH BABCOCK STREET MELBOURNE, FL 32901 Zip Code City 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, 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. 13. L06000102038 DOCUMENT # STREET ADDRESS SJALK MANAGEMENT, LLC STREET ADDRESS 440 SOUTH BABCOCK STREET CITY-ST-7IP CITY-ST-ZIP MELBOURNE, FL 32901 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # 200116035432 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP EEE CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK NAME STREET ADDRESS CITY-ST-7IP 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 limited partnership or the receiver or trustee empowered to execute this report as required by phapter 620, Florida Statutes SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER