


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**FILED  
Feb 26, 2008 08:00 AM  
Secretary of State**

|                                       |   |
|---------------------------------------|---|
| <b>DOCUMENT # A06158</b>              |  |
| 1. Entity Name<br><b>SAFECA, LTD.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>2100 W. BEACH DR.<br/>I-201<br/>PANAMA CITY FL 32401</b> | Mailing Address<br><b>2100 W. BEACH DR.<br/>I-201<br/>PANAMA CITY FL 32401</b> |
|--|--|



|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

1st MOORE CR2E003 (10/07)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-1790082</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b>                         | <b>7. Name and Address of New Registered Agent</b> |
| <b>LONDONO, NOHRA<br/>2100 W. BEACH DR.<br/>I-201<br/>PANAMA CITY FL 32401</b> | Name   |
|  | Street Address (P.O. Box Number is Not Acceptable) |
|  | City   |
|  | State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! Fee is \$500. After May 1, 2008, fee will be \$900. Make check payable to Florida Department of State.**

**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 |   |
|---|---|--------------------------|---|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>L05000002682<br/>SAFECA GENERAL PARTNER, L.L.C.<br/>2100 W. BEACH DR.<br/>PANAMA CITY FL 32401</b> | STREET ADDRESS           |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | CITY-ST-ZIP              | <b>000000840413<br/>03/06/08-80047-002 500.00</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS           |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | CITY-ST-ZIP              |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS           |   |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | CITY-ST-ZIP              |   |

STAPLE CHECK HERE

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

**SIGNATURE:** Nohra Londono, Registered Agent 2/21/08 9043713631  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #