2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED SECRETARY OF STATE **Due By May 1, 2008** TALLAHASSEE, FLORIDA **DOCUMENT # A06885** 1. Entity Name 08 APR 25 AM In: 45 KING PARK COURT LTD. Principal Place of Business Mailing Address 500 S. FLORIDA AVE., #700 P.O. BOX 5252 LAKELAND, FL 33807-5252 LAKELAND, FL 33801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112008 Chg-LP CR2E003 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable 59-1955962 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 MCFARLANE, PETER A P.A. Street Address (P.O. Box Number is Not Acceptable) 500 S. FLORIDA AVE., #715 LAKELAND, FL 33801 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 the obligations of registered agent. 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. DOCUMENT # M77351 STREET ADDRESS LAKE HENRY DEVELOPMENT, INC. STREET ADDRESS 500 S. FLORIDA AVE., #700 CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 33801 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 400125732304 04/25/08--01005--024 ***508.75 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STEET ADDRESS CITY-ST-ZIP CITY ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CITY-ST-ZIP

Kim S Kelley

4/17/08

863.647.1581