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

HERE

SIGNATURE

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # A07000000713** 1. Entity Name LUCK PARTNERSHIP, LTD. 08 APR 11 AM 10: 02 Mailing Address Principal Place of Business 6197 9TH AVENUE CIRCLE NE 6197 9TH AVENUE CIRCLE NE BRADENTON, FL 34212 BRADENTON, FL 34212 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 32-0206797 Not Applicable Zip Country Žip 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 BLALOCK, WALTERS, HELD & JOHNSON P.A. Street:Address (P.O.:Box:Number is Not-Acceptable): 802 11TH STREET WEST BRADENTON, FL 34205 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 it 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 12. 13. L07000050580 DOCUMENT # STREET ADDRESS LUCK, LLC STREET ADDRESS 6197 9TH AVENUE CIRCLE NE CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34212 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

F SIGNING GENERAL PARTNER

Daytime Phone #