2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

HERE

CHECK

SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # A07000000734** RIVERSIDE PROBATE PROPERTIES, L.P. 08 MAR 18 AM 8: 11 Principal Place of Business Mailing Address 1314 EAST LAS OLAS BOULEVARD 1314 EAST LAS OLAS BOULEVARD #1208 #1208 FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012008 Chg-LP CR2E003 (12/05) City & State City & State Applied For 4. FEI Numbe 26-0398062 Not Applicable Zip Zip 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 DAILEY, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 1314 EAST LAS OLAS BOULEVARD #1208 FT. LAUDERDALE, FL 33301 City Zio 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 Signature, typed or printed name of registered agent and bite 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 12. ADDRESS CHANGES ONLY DOCUMENT # F07000002877 STREET ADDRESS ARKANSAS CITRUS, INC. NAME STREET ADDRESS 1509 GREEN MOUNTAIN DRIVE CITY-ST-ZIP CITY-ST-ZIP LITTLE ROCK, AR 72211 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SI-7IP 100120724751 03/19/08--01021--022 ***\$00.00 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-78P DOCUMENT # STREET ADDRESS NAME STREST 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 timbed partnership or the receiver or trustee empowered to execute this fleport as required by Chapter 620, Florida Statutes 1 Jalla SIGNATURE: E OF SIGNING GENERAL PARTNER