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

DOCUMENT # A07000000845



FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

4-4-08 305 816-4242

Date Dayline Phone * X 2

08 APR 11 PH 1:59 GEORGE AND SON PARTNERS 2007-1, LLLP Principal Place of Business Mailing Address 2601 SOUTH BAYSHORE DRIVE, SUITE 725 2601 SOUTH BAYSHORE DRIVE, SUITE 725 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 Chg-LP CR2E003 (12/06) 4. FEI Number 26-047 3151 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEORGE, PHILLIP T M.D. 2601 SOUTH BAYSHORE DRIVE, SUITE 725 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33133 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 Signature, typed or printed name of registered agent and Life 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. L07000069529 DOCUMENT # STREET ADDRESS NAME PT GEORGE 1, LLC 2601 SOUTH BAYSHORE DRIVE, SUITE 725 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33133 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 partnership or the receiver or trustee empowered to execute this report partnership or the receiver or trustee empowered to execute this report partnership or the receiver or trustee empowered to execute this report partnership or the receiver or trustee empowered to execute this report partnership or the receiver or trustee empowered to execute this report partnership or the receiver or trustee empowered to execute this report partnership or the receiver or trustee empowered to execute this report partnership or the receiver or trustee empowered to execute this report partnership or the receiver or trustee empowered to execute this report partnership or the receiver or trustee empowered to execute this report partnership or the receiver or trustee empowered to execute this report partnership or the receiver or trustee empowered to execute this report partnership or the receiver or trustee empowered to execute this report partnership or the receiver or trustee empowered to execute this report partnership or the receiver or trustee empowered to execute this report partnership or the receiver or trustee empowered to execute the receiver of the receiver or trustee empowered to execute the receiver of the receiver or trustee empowered to execute the receiver of the receiver of the receiver or trustee empowered to execute the receiver of th

2601 S. Bayshore Dr.

Signature and TYPED OR PRINTED NAME OF SHEMING THE PARTNER

SIGNATURE: .