

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 28 AM 8:38

DOCUMENT # A07000000847 1. Entity Name MCBRIDE FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 2824 PALM BEACH BLVD FORT MYERS FL 33916 US	Mailing Address 2824 PALM BEACH BLVD FORT MYERS FL 33916 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E003 (10/07)

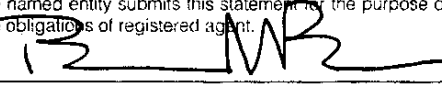
City & State	City & State	4. FEI Number	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCBRIDE, GERALD 2824 PALM BEACH BLVD FORT MYERS FL 33916
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7. Name and Address of New Registered Agent Name McBride, Brian A. Street Address (P.O. Box Number is Not Acceptable) 2824 Palm Beach Blvd. City Fort Myers FL Zip Code 33916
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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  Brian A. McBride 3/7/08  
Signature, typed or printed name of registered agent and title if applicable. DATE

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MCBRIDE, BRIAN A <del>2069 WEST 3TH ST CLEVELAND OH 44113</del>
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	2824 Palm Beach Blvd.
CITY-ST-ZIP	Fort Myers, FL. 33916
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200120972322
CITY-ST-ZIP	03/24/08--01002--028 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:  Brian A. McBride 3/7/08 239-479-5555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #