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

SIGNATURE: X Nound

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # A07000001018** 08 APR 22 AM 10: 39 HALF-OAK PLANTATION, LLLP Principal Place of Business Mailing Address 22625 COUNTRY ROAD 44A 22625 COUNTRY ROAD 44A EUSTIS, FL 32726 EUSTIS, FL 32726 22625 CR 44-A 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 04162008 CR2E003 (12/06) City & State 4. FEI Number Applied For 26-09 00410 Not Applicable Country Ke 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 CODDING, DONALD L Street Address (P.O. Box Number is Not Acceptable) 22625 COUNTRY ROAD 44A EUSTIS, FL 32726 CITY EUSTIS ^{zi}552736 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 SIGNATURE 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. DOCUMENT # STREET ADDRESS NAME CODDING, DONALD L TRUSTEE STREET ADDRESS 22625 COUNTRY ROAD 44A CITY-ST-ZIP CITY-ST-ZIP EUSTIS, FL 32726 DOCUMENT # STREET ADDRESS CODDING, KATHRYN F TRUSTEE NAME STREET ADDRESS 22625 COUNTRY ROAD 44A CITY-ST-ZIP CITY-ST-7IP EUSTIS, FL 32726 DOCUMENT # STREET ADDRESS NAME CODDING, JILL MARIE 800125020038 04/22/08--01016--003 **500.00 11123 LAKE EUSTIS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEESBURG, FL 34788 DOCUMENT # STREET ADDRESS CODDING, BRIAN KEITH NAME STREET ADDRESS 30242 SR 44 CITY-ST-ZIP CITY-ST-ZIP EUSTIS, FL 32736 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3 DOCUMENT # STREET ADDRESS NAME STREET ADORÉSS 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 the partner of the limited partnership or the receiver or trustee empowered to execute this report as required by the partner of the limited partnership or the receiver or trustee empowered to execute this report as required by the partner of the limited partner of the l