2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 12, 2008

SIGNATURE:

SIGNATURE AND TYPED

DOCUMENT # A0700001092 69 NOV 12 AM F1: 37 CAMPBELL INVESTMENT GROUP, L.P. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 7121 FAIRWAY DRIVE, SUITE 203 7121 FAIRWAY DRIVE, SUITE 203 PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07112008 CR2E003 (12/06) Cha-LP City & State City & State Applied For 4. FEI Number 26-1158480 Not Applicable Ζip Country 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 Name STEPHEN M. NEWMAN, P.A. 7121 FAIRWAY DRIVE, SUITE 203 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS, FL 33418 Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. FILE NOW!!! FEE IS \$500.00 Due by September 12, 2008 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 ADDRESS CHANGES ONLY L07000084634 DOCUMENT A STREET ADDRESS NAME EDWARD C. CAMPBELL LLC 7121 FAIRWAY DRIVE, SUITE 203 STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP DOCUMENT # NAME REINSTALL STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS 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 as required by Chapter 620, Florida Statutes eneral⊿Partner EDWARD C.

NG GENERAL PARTNER

Sole Member

FILED

Daylime Phone #