2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

## FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

| DOCUMENT # A11125  1. Entity Name WILLISTON ARMS, LTD.  |   |                     | 08 APR 28 PM 2: 5                                  |  | AIN ZO (II Z- J )                        |
|---|---|---------------------|--|--|--|
| Principal Place of Business<br>1505 BAYSHORE BLVD.<br>TAMPA, FL 33606   | Mailing Address<br>1505 BAYSHORE B<br>TAMPA, FL 33606 |                     |  |  |  |
| 2. Principal Place of Business - No P.O. Box #  | 3. Mailing Address                                    |                     |  |  |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                                   | Suite, Apt. #, etc. |  | 04192008 Chg-LP                          | CR2E003 (12/06)                          |
| City & State  | City & State  | City & State        |  | 4. FEI Number<br>59-2238979              | Applied For Not Applicable               |
| Zip Country   | Zip   | Zip Country         |  | 5. Certificate of Status Desired         | \$8.75 Additional                        |
| 6. Name and Address of Curr   | ent Registered Agent                                  |                     | Name   | 7. Name and Address of New               | <del></del>                              |
| WILLIAM R. GUNBY JR<br>1505 BAYSHORE BOULEVARD<br>TAMPA, FL 33606   |   | L_                  | Street Address (P.O. Box Number is Not Acceptable) |  |  |
|   |   | <u> </u> _          |  |  | ····                                     |
|   |   | <u> </u>            | City   |  | FL Zip Code                              |
| The above named entity submits this stateme   | nt for the purpose of changin                         |                     |  | ed agent, or both, in the State of F     | r L                                      |
| the obligations of registered agent.  |   | -                   | -  |  | ·  |
| SIGNATURE Signature, typed or printed name of registered a  | gent and title if applicable                          |                     |  |  | DATE                                     |
| FILE N  | IOW!!! FEE IS \$500.0<br>I, 2008, Fee will be \$      |                     |  |  |  |
| A GENERAL PARTNE  | R THAT IS A BUSINESS                                  | ENTITY MUS          | ST BE REGIST                                       | ERED AND ACTIVE WITH TI                  | HIS OFFICE.                              |
| 12. GENERAL PART  | NER INFORMATION                                       | on the form; a      | an amendmen  | t must be filed to change a ç ADDRESS CH | Jeneral partner.  IANGES ONLY            |
| 000174992228  |   | STREET A            | ADDRESS  | •  |  |
| STREET ADDRESS 1505 BAYSHORE BOULEVA TAMPA, FL 33606  | RD  | CITY-S1-            | -ZiP   |  |  |
| DOCUMENT # NAME   |   | STREET A            | ADDRESS  | <del>90012</del><br>04/25/0801           | <del>56888219</del><br>052022 **508.7    |
| STREET ADDRESS CITY-ST-ZIP  |   | CITY-ST             | -ZIP   |  |  |
| DOCUMENT# NAME  | * *   | STREET A            | ADORESS .  |  |  |
| STREET ADDRESS CITY-ST-ZIP  |   | CITY-ST             | -ZIP   |  |  |
| DOCUMENT# NAME  |   | STREETA             | ADDHESS  |  |  |
| STREET ADDRESS CITY-SI-ZIP  |   | CITY-ST             | -Z(P   |  |  |
| DOCUMENT# NAME  |   | STREET A            | ADORESS  |  |  |
| STREET ADDRESS CITY-ST-ZIP  |   | CITY-ST-            | T-ZIP  |  |  |
| DOCUMENT # NAME   | 118   | STREET              | ADDRE S  |  |  |
| STREET ADDRESS CITY_ST_ZPP  |   | CITY-ST             | $\star$  | _  |  |
| , , ,   | with this filling does not que                        | alify for the exem  | riptions containe                                  | d in Chapter 119, Florida Statutes       | . I further certify that the information |
| 14. I hereby certify that the information supplied<br>indicated on this report is true and acceptate<br>or the receiver or trustee employers of acceptance. | cute tha report as required b                         | vy Chapter 920, F   | Florida Statutes                                   | aue under oath; that I am a Gene         | riai narmer oi me ilmited pannership     |
| / /////   | 154-7 7 6   | _ //                |  |  | 92./5                                    |