2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED DOCUMENT # A14810 2007 MAR 13 AM 10: 07 **BROJO, A LIMITED PARTNERSHIP** SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business **500 ARCH STREET 500 ARCH STREET** ATTN: TAX DEPT. ATTN: TAX DEPT. WILLAMSPORT, PA 17705 WILLAMSPORT, PA 17705 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012007 CR2E003 (12/06) Chg-LP City & State 4. FEI Number Applied For & State illiams port Williams 23-2257018 Not Applicable Country \$8.75 Additional 17701 USA 5. Certificate of Status Desired Fee Required 17701 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) **1201 HAYS ST STE 105** TALLAHASSEE, FL 32301 City 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 Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. 856940 DOCUMENT # STREET ADDRESS NUBRO, INC. NAME STREET ADDRESS 500 ARCH STREET CITY-ST-7IP WILLIAMSPORT ρ_A 17701 CITY-ST-ZIP WILLIAMSPORT, PA DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 900094622519 **DOCUMENT** ≢ STREET ADORESS 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-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P 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 | Cichard L Oill, Treasurer of Nubrolne - a GP 570-326-2461 SIGNATURE: