

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 14 AM 9:45

<b>DOCUMENT # A15579</b> 1. Entity Name DEBARY LTD.					
Principal Place of Business 19 SOUTH WOODBERRY DR DEBARY, FL 32713			Mailing Address <del>19 SOUTH WOODBERRY DR</del> DEBARY, FL 32713		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3111 PACES MILL RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE A250			
City & State		City & State ATLANTA, GA			
Zip	Country	Zip 30359	Country	4. FEI Number 59-2433080	
5. Certificate of Status Desired				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  ADAMS, SUSAN HALLMARK GROUP SERVICES OF FLORIDA, LLC 4040 NEWBERRY RD., STE. 1000 GAINESVILLE, FL 32607				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;">FL Zip Code</div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	M03000001595 HALLAMRK GROUP SERVICES OF FLORIDA, LLC 3111 PACES MILL ROAD, SUITE A-250 ATLANTA, GA 30339		STREET ADDRESS  CITY - ST - ZIP	700123065707 04/11/08--01042--002 **508.75	
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STAPLE CHECK HERE

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:**

Date 3/03/08 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER