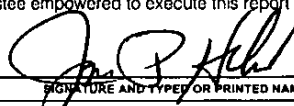


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 12 AM 8:40

DOCUMENT # A18623					
1. Entity Name HELOW PROPERTIES, LTD.					
Principal Place of Business 9140 GOLFSIDE DRIVE SUITE 7 JACKSONVILLE, FL 32256			Mailing Address 9140 GOLFSIDE DRIVE SUITE 7 JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2475838	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HELOW, JOSEPH P 9140 GOLFSIDE DRIVE SUITE 7 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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>					
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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	H34598	STREET ADDRESS	9140 Golfside Drive, Suite 7		
NAME	MARIAN SERVICES, INC.	CITY - ST - ZIP	Jacksonville, FL 32256		
STREET ADDRESS	8118 SUMMIT RIDGE LANE	STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE, FL	CITY - ST - ZIP	03/07/08--01005--007 **\$500.00		
DOCUMENT #		STREET ADDRESS			
NAME		CITY - ST - ZIP			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS			
NAME		CITY - ST - ZIP			
STREET ADDRESS		STREET ADDRESS			
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 Chapter 620, Florida Statutes					
SIGNATURE: 			3-3-08 (904) 636-0591		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE