2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A19137 PHILLIPS PLACE, LTD. 08 APR 29 PM 3: 05 Principal Place of Business Mailing Address 7575 DR. PHILLIPS BLVD. 7575 DR. PHILLIPS BLVD. SUITE 210 PHILLIPS PLACE SUITE 210 PHILLIPS PLACE ORLANDO, FL 32819 ORLANDO, FL 32819 02252008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2534695 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LYNCH, J CRAIG DO NOT WRITE 7575 DR. PHILLIPS BLVD. SUITE 210 PHILLIPS PLACE IN THIS SPACE ORLANDO, FL 32819 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 little if applicable. DATE 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 P98000027381 DOCUMENT A NAME PHILLIPS PLACE GP, INC. STREET ADDRESS 7575 DR. PHILLIPS BLVD., SUITE 210 300129457693 05/14/08--01024--011 **667.50 CITY-ST-ZIP ORLANDO, FL 32819 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS 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:

NAME STREET ADDRESS CITY-ST-ZIP

nthia Luoco Cynthia Froci

2/25/28 (407)345-8400

Daytime Phone

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