2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED Jan 22, 2008 08:00 AN Secretary of State

1. Entity Nam	MENT # A20979			5	ecretary of St
•	e of Business	Mailing Address		1	
7920 ORIOL Jácksonvili	E 51. .E, FL 32208	7920 ORIOLE ST. Jacksonville, Fl. 32208			
		<u> </u>	 		
_		·		01072008 No Chg-LP	CR2E003 (12/06)
DO NOT WRITE IN THIS SPA			ACE.	4. FEI Number Applie 59-2607896 Not A	
				Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		Completion of the completion o	
HEALD, DAVID E 2070 OAK HAMMOCK DR. PONTE VEDRA, FL 32082			DO NOT WRITE IN THIS SPACE		
8. The above the obligat	named entity submits this statement fi ions of registered agent.	or the purpose of changing its regis	tered office or register	ed agent, or both, in the State of Flori	da. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if epolicable.				DATE	
	FILE NO After May 1,	Will FEE IS \$500.00 2008, Fee will be \$900.00			
· · · · · · · · · · · · · · · · · · ·	A GENERAL PARTNER NOTE: General Partners M.	THAT IS A BUSINESS ENTITY AY NOT be changed on the fo	MUST BE REGIST	TERED AND ACTIVE WITH THIS to must be filed to change a gen	OFFICE. peral partner,
12.	GENERAL PARTNE	R INFORMATION	·, · · · · · · · · · · · · · · · · · ·		
DOCUMENT # NAME	HEALD, DAVID E			•	•
STREET ADDRESS	2070 OAK HAMMOCK DR.				
CITY-ST-ZIP	PONTE VEDRA BEACH, FL	ĺ			
DOCUMENT #				HOODAA	จกจรก
NAME STREET ADDRESS CITY-ST-ZIP			•	01/23/08-8	90930 0053-017 500.00
DOCLAMENT#			4 5 7		
NAME CIBSOT ADDRESS			• •	DO NOT WD	ITC

IN THIS SPACE

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:

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS

CITY-SI-ZIP

DOCUMENT *

NAME

STREET ADDRESS

CITY-SI-ZIP

DOCUMENT *

NAME

STREET ADDRESS

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-8-08

904-765-7WD