2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY OF STATE TALLAHASSEE, FLORIDA 08 MAR 11 PM 4: 51

214.360.1830
Date Daytime Phone •

2/4/08

	1. Entity Nan	MENT # A21612 SHOPS ASSOCIATES, L	TD.	•			08 MAR	11 PM 4: 54	
	•	ce of Business CHESTER, 9TH FLOOR 75225	OOR						
	Principal Place of Business - No P.O. Box #								
	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			01302008	Chg-LP	CR2E003 (12/06)	
İ	City & State City & State						Applied For Not Applicable		
-	Zip	Country Zip Co			niry	5. Certificate of		\$8.75 Additional Fee Required	
ŀ	6. Name and Address of Current Registered Agent			l	7. Name and Address of New Registered Agent				
	100 N. TAI SUITE 217	BEARD, RICHARD A III 00 N. TAMPA STREET SUITE 2175 TAMPA, FL 33602				Name Beard, Richard A. III Street Address (P.O. Box Number is Not Acceptable) 601 N. Ashley Dr. Suite 390 Citampa FL Zip Code 33602			
	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 the obligations of registered agent. SIGNATURE							orida. I am familiar with, and accept	
L	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.					03/19 /	'0801027	32€ **508.75	
	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 REGISTERE								
Ĺ	NOTE: General Partners MAY NOT be changed on the form				n; an amendmen	t must be filed	to change a g	eneral partner.	
-	12. DOCUMENT #	GENERAL PARTNER INFORMATION A21614					ADDRESS CHA	ANGES ONLY	
	name Street address	SARASOTA BENEVA COMPANY 8214 WESTCHESTER, 9TH FLOOR		ł	EET ADDRESS				
-	CITY-ST-ZIP DOCUMENT # NAME	DALLAS, TX 75225		STRI	EET ADDRESS	 		12-7-2-18-18-18-18-18-18-18-18-18-18-18-18-18-	
[STREET ADDRESS CITY-ST-ZIP			СІТҮ	'-ST-ZIP				
	DOCUMENT # NAME STREET ADDRESS	ADDRESS - ZIP			EET ADDRESS				
-	CITY-ST-ZIP DOCUMENT #				'-SI-ZIP	·			
	NAME. STREET ADDRESS				EET ADORESS				
#	CITY ST-ZIP DOCUMENT		·	-	-ST-ZIP				
	NAME STREET ADDRESS				-ST-ZIP	# 10			
HAPLE T	CITY-ST-ZIP DOCUMENT /			_	EET ADDRESS	- 11 11 1111			
	NAME STREET ADDRESS CITY-ST-ZIP				-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 WRC Holdings, Inc. Ronald J. Johansson, VP/Treas								