2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

2008 LIMITED PARTNERSHIP ANNUA Due By May 1, 2008	SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT #A21753	TALLAHASSEE, FLORIDA
I. Entity Name THE WILKINS PARTNERSHIP LIMITED	08 MAR 28 AM 8: 39
Principal Place of Business Mailing Address 275 MIDDLE WAY NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH	H, FL 32169
2. Principal Place of Business No P.O. Box # 3. Mailing Address	(Alternational and
Suite, Apt. #, etc.	02282008 Chg-LP CR2E003 (12/06) A FEI Number Applied For
City & State City	59-2634862 Not Applicable Section Sectio
Zip Violuca R	5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent
6. Name and Address of Current Registered Agent	Name
WILKINS, JANE	Street Address (P.O. Box Number is Not Acceptable)
275 MIDDLE WAY NEW SMYRNA BEACH, FL 32169	
	City FL Zip Code
The above partial entity submits this statement for the purpose of changing the obligations or registered agent. SIGNATURE Sophure, wood or printed name of repatiened agent and use if applicable.	ng its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 2/2 8/08
FILE HOWITI FEE IS \$500.0	SHILLING
	IS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT / NAME WILKINS JANE G STREET ADDRESS CITY-S1-ZP NEW SMYRNA BEACH, FL 32169	STREET ADDRESS CITY-ST-ZIP
DOCUMENT / NAME BOYATT, REBECCA W	STREET ADDRESS 300120872199 03/24/0801002025 **500.00
STREET ADDRESS 275 MIDDLE WAY CITY-SI-ZIP NEW SMYRNA BEACH, FL 32169	CITY-ST-ZP U3/24/U8U1UU2U25 ***>UU.UU
DOCUMENT # NAME	STREET ADDRESS
STREET ADDRESS CITY-ST-20P	CHY-ST-ZP.
DOCUMENT # NAME STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP DOCUMENT #	STREET ADDRESS
NAME Street Address	CITY-ST-ZIP
CITY-ST-ZIP DOCUMENT #	STREET ADDRESS
NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP
14. I hereby certify that the information supplied with this filing does not of indicated on this report is the and accurate and that my signature shall or the receiver or trustee empowered to execute the lepon as required	quality for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the Informatical have the same legal effect as if made under oath; that I am a General Partner of the limited partnershot by Chapter 620, Florida Statutes
SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF BIGNARY	HIS GENERAL PARTNER CENT DEVINE PROTE P