2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008 **DOCUMENT # A22582** 1. Entity Name GREAT SOUTHERN INVESTORS, LTD. Principal Place of Business Mailing Address 230 JOHN KNOX RD., #2 230 JOHN KNOX RD., #2 TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 DO NOT WRITE IN THIS SP 6. Name and Address of Current Registered Agent

FILED May 01, 2008 08:00 AN Secretary of State

| TALLAHASSE | E, FL 32303 | TALLAHASSEE, FL 32303 | | | |
|--|--|--|--------------------------------|---|--------------------------------------|
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| DO NOT WRITE IN THIS SPACE | | | ~ = | 04302008 No Chg-LP | CR2E003 (12/06) |
| | | | (CE | 4. FEI Number 59-2685820 | Applied For Not Applicable |
| | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | 6. Name and Address of Curre | nt Registered Agent | | | |
| DRAKE, THADDEUS V | | | DO NOT WRITE | | |
| 230 JOHN KNOX RD., #2 TALLAHASSEE, FL 32303 | | | _ | | |
| | | | IN THIS SPACE | | |
| | | | , | | |
| 8. The above | named entity submits this statement | for the purpose of changing its registere | ed office or register | red agent, or both, in the State of Flo | rida. I am familiar with, and accept |
| the obligations of registered agent. | | | 306676000011 | | |
| SIGNATURE | | | | - 95/29/08- 6 | 00042-907-500:00 |
| <u> </u> | Signature, typed or printed name of registered ago | эт апо оте таррисарів. | | | DAIL |
| | FILE NO After May 1, | OWIII FEE IS \$500.00 2008, Fee will be \$900.00 | | | |
| | A GENERAL PARTNER NOTE: General Partners N | THAT IS A BUSINESS ENTITY MAY NOT be changed on the form | UST BE REGIST ; an amendmer | TERED AND ACTIVE WITH TH nt must be filed to change a ge | S OFFICE. eneral partner. |
| 12. | GENERAL PARTN | IER INFORMATION | | | |
| DOCUMENT / | V37300 | nne ilie | | | |
| NAME STREET ADDRESS | GREAT SOUTHERN INVESTO 230 JOHN KNOX RD., #2 | JRS, INC. | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32303 | | | | |
| DOCUMENT # | | | | | |
| NAME | | | | | |
| STREET ADDRESS | | 1 | | | |
| CITY-ST-ZIP | | | | | |
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| STREET ADDRESS | | • | | DO NOT W | RITE |
| CITY-ST-ZIP | | | | IN THIS CO. | ACE |
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| NAME DEDECT ADDRESS | | i | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | |
| DOCUMENT # | | | | | |
| NAME | | | | | |

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:

STREET ADDRESS CHY-ST-ZIP DOCUMENT # :NAME STREET ADDRESS CITY-ST-ZIP

CHECK

THADDEUS V. Drahe