2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

1. Entit	ly Name	IENT # A25163 AGEMENT LIMITED PAR	RNTERSHIP		08 JUN -				
Principa	Principal Place of Business Mailing Address								
		HIGHWAY FL 32216	5801 PHILIPS HIGHWAY JACKSONVILLE, FL 322						
2. Princ	cipal Pla	ce of Business - No P.O. Box #	3. Mailing Address						
Suite	Suite, Apt. #, etc. Suite, Apt. #, etc.					04282008 Chg-LP	CR2E003 (12/06)	
City	City & State City & State					4. FEI Number 59-2783849		Applied For Not Applicable	
Zip	Zip Country Zip			Coun	try	5. Certificate of Status Desired		75 Additional Required	
	6. Name and Address of Current Registered Agent					7. Name and Address of New R	egistered Agen	ıt	
MUSS	SALLEI	M, CHARLES S JR			Name Charles S. Mussallen III Street Address (P.O. Box Number is Not Acceptable) 5801 Philips Highway				
5801	PHILIP	PS HIGHWAY ILLE, FL 32216							
		. / /		:					
					City Jack	sonville.	FL	Zip Code 322 /6	
8. The	above nobligation	amed entity submits this statement ns of registered agent.	for the purpose of changing its	registere		ed agent, or both, in the State of Flo	. 1	iar with, and accept	
SIGNAT	TURE	gnature. specification name of registered ag	ent and title if applicable.			L	29 68 DATE		
			OWIII FEE IS \$500.00			200130	29416		
	After May 1, 2008, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIS					05/28/080100		₩508.75	
	NOTE: General Partners MAY NOT be changed on the fo					t must be filed to change a g	eneral partner	г.	
12.	ut a	GENERAL PARTI	IER INFORMATION	13.		ADDRESS CHA	ANGES ONLY		
NAME	MUSSALLEM, JAMES M.				ET ADDRESS				
STREET AC	ET ADDRESS 5801 PHILIPS HIGHWAY -S1-ZIP JACKSONVILLE, FL 32216			CITY	-ST-ZIP				
DOCUMEN NAME	1				ET ADDRESS				
1 "	ET ADDRESS 5801 PHILIPS HIGHWAY			CITY	-ST-ZIP				
DOCUMEN	NT # '	MUSSALLEM, CHARLES JR. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			ET ADDRESS			-, -, -, -, -, -	
STREET AL	Dioress (5801 PHILIPS HIGHWAY JACKSONVILLE, FL 32216	Per Amendment	CITY	-\$T-ZIP				
DOCUMEN NAME	VT.≱			STRE	ET ADDRESS				
J 1	STREET ADDRESS PHY-ST-ZIP OCUMENT #				-ST-ZIP		Ŕ		
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NAME STREET AL CITY-ST-		55			-ST-ZIP				
DOCUMEN NAME	1				ET ADDRESS				
STREET AL	- 1				-ST-ZIP				
14. I he ind	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 it made under oath; that I am a General Partner of the limited partner or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							that the information limited partnership	
SIG	NATL	JRE:				4/29/08	(404)	739-1551	
	BIGNOTER AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Deytime Phone #								