2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007 FILED Apr 16, 2007 08:00 A Secretary of State **DOCUMENT # A26363** 1. Entity Name BUCKETTS, LTD. Mailing Address Principal Place of Business 6301 S POINTE BLVD MARCIA J. ANDERSON FT MYERS, FL 33919 15106 PORTS OF LONA DR. FT MYERS, FL 33908 03252007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0050213 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ANDERSON, MARCIA J. 15106 PORTS OF LONA DRIVE FT MYERS, FL 33908 IN THIS SPACE 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 accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. FILE NOWIII FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION M76765 DOCUMENT # ANDROSE, INC. NAME STREET ADORESS 15106 PORTS OF LONA DRIVE U00000710905 CITY-ST-ZIP FT MYERS, FL 33908 04/25/07-80059-009 500:00 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

I hereby certify that the information supplied with this filling 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 cath; 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

NAME STREET ADDRESS CITY-ST-ZIP