2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A27809

232 AUSTRALIAN AVE. PALM BEACH, FL 33480

FILED May 01, 2007 08:00 A Secretary of State

| 1. Enuty Name FFLP, LTD. | | | | · |
|--|---|-----|--|--------------------------------|
| Principal Place of Business | Mailing Address | | } | |
| P. O. BOX 2973 PALM BEACH, FL 33480 | P. O. BOX 2973 Palm Beach, Fl. 33480 | | | |
| | | OF. | 04302007 No Chg-LP | CR2E003 (12/06) |
| וא זטא טע | RITE IN THIS SPA | CE | 4. FEi Number Applied For 65-0179685 Not Applicate | |
| | | ĺ | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 6. Name and Address o | of Current Registered Agent | | | |
| HERON, JE | | | DO NOT W | RITE |

| | | | |
|----|---|------|--|
| 8, | 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, | | |
| | the obligations of registered agent. | | |

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

DATE

IN THIS SPACE

FILE NOW!!! 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 |
|-----|---|---|
| - (| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | K45946 FLP INVESTMENT CORP. 232 AUSTRALIAN AVE., STE. 2 PALM BEACH, FL 33480 |
| | DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP | |
| | DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | |

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DO NOT WRITE IN THIS SPACE

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:

OOCUMENT /
NAME
STREET ADDRESS
CITY - ST - ZIP
DOCUMENT /

STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JE. Heron ne Bresidad

7/07 561-659-8