2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 14, 2007

FILED DOCUMENT #A30461 1. Entity Name 2007 AUG -8 AM IO: 29 LB&L, LIMITED SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address ONE S.E. 3RD AVENUE, 28TH FLOOR ONE S.E. 3RD AVENUE, 28TH FLOOR MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Boa# 730-A W. Palmetto Parkl 3. Majling Address 4301-A W. Pal metto Parkfd. 104E 07122007 CR2E003 (12/06) Chg-LP 4. FEI Number Applied For 65-0207323 Not Applicable Palm Beach \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAATTAMA, HENRY H JR., ESQ. ONE S.E. 3RD AVENUE, 28TH FLOOR MIAMI, FL 33131 1 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$900.00 On or after September 14, 2007, Fee will be \$1000.00 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 ADDRESS CHANGES ONLY DOCUMENT # L91107 STREET ADDRESS L.B. HOLDINGS, INC. NAME STREET ADDRESS ONE S.E. 3RD AVENUE, 28TH FLOOR CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 900108403549 CITY-ST-ZIP CITY-ST-ZIP 00722707--01009--004 **900 00 DOCUMENT # STREET ADDRESS NAME 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 DOCUMENT / STREET ADDRESS NAME STREET ÄDDRESS CITY-ST-ZIP CITY-ST*ZIP 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:** NATURE AND YPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #