2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTHER

James

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SIGNATURE: \

SECRETARY OF STATE TALLAHASSEE FLORIDA DOCUMENT # A31477 1. Entity Name COUNTRY CLUB WOODS, AFFORDABLE HOMES, LTD. 08 MAY -7 PM 1:50 Principal Place of Business Mailing Address 5505 N. ATLANTIC AVE., #108 5505 N. ATLANTIC AVE., #108 COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Atlantis 0 BOX 321209 Koa Suite, Apt. #, etc 04082008 Chg-LP CR2E003 (12/06) Swte City & State 4. FEI Number Applied For BEACH g coas 59-3402136 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ็น sA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KINCAID, JAMES Street Address (P.O. Box Number is Not Acceptable) 5505 N. ATLANTIC AVE., #108 COCOA BEACH, FL 32931 Road 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 title if applicable DATE 800128735038 05/07/08--01012--004 **\$0 FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13. P93000075715 DOCHMENT # STREET ADORESS NAME HERITAGE PARTNERS GROUP VIII. INC. STREET ADDRESS 5505 N. ATLANTIC AVE., SUITE 108 CITY-ST-ZIP CUTY-ST-ZIP COCOA BEACH, FL 32931 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 ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 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

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