


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Apr 14, 2008 08:00 A.
Secretary of State**

DOCUMENT # A31531 1. Entity Name OLD FLORIDA PLANTATION, LTD.	
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Principal Place of Business 7414 SPARKLING LAKE ROAD ORLANDO, FL 32819	Mailing Address PO BOX 460 SUMMERSVILLE, WV 26651
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DO NOT WRITE IN THIS SPACE

04072008 No Chg-LP	CR2E003 (12/06)
4. FEI Number 59-3088093	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROEDER, LOUIS III 7414 SPARKLING LAKE ROAD ORLANDO, FL 32819	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

U00000897843
04/25/08-80064-004 500.00

**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 #	B9500000177
NAME	LUC LAKE HANCOCK LIMITED PARTNERSHIP
STREET ADDRESS	BOX 460, 300 GREENBRIAR RD.
CITY-ST-ZIP	SUMMERSVILLE, WV 26651
DOCUMENT #	
NAME	ROEDER, LOUIS III
STREET ADDRESS	7414 SPARKLING LAKE ROAD
CITY-ST-ZIP	ORLANDO, FL 32819
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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:  **JAMES DAVIS, GENERAL PARTNER IN LUC LAKE** 04/10/2008 (304) 872-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER HANCOCK PARTNER Date Daytime Phone #