2007 LIMITED PARTNERSHIP ANNUAL REPORT FILED Due By May 1, 2007 Jan 25, 2007 08:00 A DOCUMENT #A32224 **Secretary of State EMORY CARTER FARM LIMITED PARTNERSHIP** Principal Place of Business Mailing Address **546 SE EVERGREEN DRIVE 546 SE EVERGREEN DRIVE** LAKE CITY, FL 32025 LAKE CITY, FL 32025 01212007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3093879 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREENE, MARY ANN DO NOT WRITE 546 SE EVERGREEN DRIVE LAKE CITY, FL 32025-6875 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable DATE 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. GENERAL PARTNER INFORMATION 12. P03000024730 DOCUMENT F CARTER EVERGREEN, INC. NAME STREET ADDRESS 546 SE EVERGREEN DRIVE CITY-ST-ZIP LAKE CITY, FL 32025 DOCUMENT A NAME. U00000604457 01/29/07-80054-019 508,75 STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS

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: MALL SIGNATURE SIGNATURE OF SIGNING GENERAL PARTNER

CHECK HERE

STAPLE

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP

1-21-07 386-752