2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SIGNATURE: \(\square\)

SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # A92000000290** 1. Entity Name 08 MAY - 1 AM 8: 20 SMITH FAMILY PARTNERS, LTD., LLLP Principal Place of Business Mailing Address 2620 W. TENNESSEE STREET P.O. BOX 1671 TALAHASSEE, FL 32304 TALLAHASSEE, FL 32302 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 59-3308108 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, IRENE W Street Address (P.O. Box Number is Not Acceptable) P. O. BOX 1671 TALLAHASSEE, FL 32302 City Zip Code FL 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. GENERAL 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 DOCUMENT # STREET ADDRESS NAME SMITH, IRENE W STREET ADDRESS 2612 W. TENNESSEE STREET CITY-ST-ZIP Tallahassee, FL 32300 CITY-ST-ZIP TALAHASSEE, FL 32304 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 employered to execute this report as required by Chapter 620. Florida Statutes

cc: Jessica