2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

1. Entity N	ame	# A9300000 NIENCE PARTNE			01V]S	ECRETARY SION OF COL	ELI OF STATE RPORATIONS \$\frac{1}{2:52}			
4776 NEV Suite 100	Principal Place of Business 4776 NEW BROAD STREET 5UITE 100 0RLANDO, FL 32814 Address A776 NEW BROAD STREET 0RLANDO, FL 32814					1 				
2. Principa	Place of Busin	ess - No P.O. Box #	3. Mailing Address							
Suite, A	pt. #, etc.		Suite, Apt. #, etc.			04222008	Chg-LP	CR2E003 ((12/06)	
City & S	tate		City & State			4. FEI Number 59-29468	320		Applied For Not Applicable	
Zip	Zip Country		Zip Count		itry	S. Certificate of Status Desired				
	6. Name	and Address of Curren	t Registered Agent		Name	7. Name and Address of New Registered Agent				
	DETWEILER, MARLIN 4776 NEW BROAD STREET SUITE 100 ORLANDO, FL 32814					Street Address (P.O. Box Number is Not Acceptable)				
SUITE 1										
OKLAN	01.54150,12 32014					City FL Zip Code				
	The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.						in the State of Flo		iar with, and accept	
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable.								DATE		
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00										
		General Partners M.	THAT IS A BUSINESS E AY NOT be changed on	the form			to change a ge	eneral partne	r.	
DOCUMENT /	H38554	GENERAL PARTNE	13.	EET ADDRESS		ADDRESS CHA	MGES ONLY			
NAME STREET ADDRE	1	WEILER COMPANY ROAD, STE. 109				2001075070				
CITY-ST-ZIP	CITY-ST-ZIP ORLANDO, FL 32810				-ST-ZIP	900127567079 04/30/0801065017 **500,00				
NAME	1	, RICHARD	STRE		EET ADDRESS					
STREET AOORE		DRELINE CIRCLE D, FL 32771		CITY	-ST-ZIP					
DOCUMENT / NAME	K24724 STRANG	BACHMAN AND COM	STRI	EET ADDRESS						
STREET ADDRE				СіТУ	-ST-ZIP					
DOCUMENT #	OCUMENT !			STRI	EET ADDRESS					
STREET ADDRE	ss			CITY	'-ST-ZiP					
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CITY-ST-ZIP DOCUMENT # NAME STREET ADDRE	ss			CITY	'- ST - ZIP					
DOCUMENT / NAME				STR	EET ADDRESS					
NAME STREET ADDRE	ss				'-ST-ZIP					
indica or the	ted on this replor	rt is true and accurate an ee empowered to execut	ith this filing does not qualify d that my signature shall have this report as required by C	e the sam chapter 62	e legal effect as if n 0, Floridins latutes	ed in Chapter 119, nade under oath; to	hat I am a Gener	Partner of the	that the information limited partnership	