2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

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SIGNATURE:

FILED Apr 30, 2007 08:00 AN Secretary of State DOCUMENT # A93000000238 1. Entity Name C & E MANUFACTURING LIMITED PARTNERSHIP Principal Place of Business Mailing Address 151 RIVIERA DRIVE 151 RIVIERA DRIVE RIVIERA BEACH FL 33404 **RIVIERA BEACH FL 33404** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E003 (10/06) City & State City & State 4. FEI Number Applied For 65-0469993 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE MARCELLUS, ROLAND Street Address (P.O. Box Number is Not Acceptable) 151 RIVIERA DRIVE RIVIERA BEACH FL 33404 Zip Codo City 8. The above named entry 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 FILE NOW!!! Fee is \$500, *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS UQOOQO748140 '17707~800\$1-020-500.00 NAMÉ DE MARCELLUS, ROLAND STREET ADDRESS 151 RIVIERA DRIVE CITY - ST- ZIP CHY-ST-ZIP RIVIERA BEACH FL 33404 OCCUMENT # STREET ADDRESS DE MARCELLUS, JUNE C STREET ADDRESS 151 RIVIERA DRIVE CITY - ST-ZiP CITY-ST-ZIP RIVIERA BEACH FL 33404 DOCUMENT # STREET ADDRESS NAMI STREE! ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY - ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-S1-7IP 14. I horoby 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 eath; 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

E OF SIGNING GENERAL PARTNER