2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2008

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FILED May 02, 2008 08:00 AN Secretary of State DOCUMENT # A93000000238 1. Enity Name C & E MANUFACTURING LIMITED PARTNERSHIP Principal Place of Business Mailing Address 151 RIVIERA DRIVE RIVIERA BEACH FL 33404 151 RIVIERA DRIVE RIVIERA BEACH FL 33404 2. Panoipal Place of Business - No P.G. Box # 3. Mading Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/07) City & State City & State 4. FEI Number Applied For 65-0469993 Not Applicable Zio Country Zip 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 DE MARCELLUS, ROLAND Street Address (P.O. Box Number is Not Acceptable) 151 RIVIERA DRIVE RIVIERA BEACH FL 33404 City Zip Code 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 Signature, typed or printed mame of registerial agent and tiffe if applicative FILE NOW!!! Fee is \$500. *** After May 1, 2008, 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. 13. DOCUMENT ≠ STREET ADDRESS DE MARCELLUS, ROLAND <u>U00000946263</u> 05/30/08-80042-006 500.00 STREET ADDRESS 151 RIVIERA DRIVE CHY-ST-ZIP CITY-ST-ZIP **RIVIERA BEACH FL 33404** DOCUMENT A STREET ADDRESS NAME DE MARCELLUS, JUNE C STREET ADDRESS 151 RIVIERA DRIVE CHY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL 33404 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 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOQUMENT# STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

14. Thereby 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.

Rolandde Marcellus 4-20-08