2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2007 Jan 24, 2007 08:00 AM **DOCUMENT # A93000000927 Secretary of State** 1. Entity Name THE SUMCARLOS LIMITED PARTNERSHIP L.L.P. Principal Place of Business Malling Address 5571 HALIFAX AVE. 5571 HALIFAX AVE. FT. MYERS, FL 33912 FT. MYERS, FL 33912 01102007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0453998 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent NOLAND, JOHN A DO NOT WRITE 1715 MONROE STREET FT. MYERS, FL 33902 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or grinted name of registered agent and title if applicable. **U000**000600834 FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 01/26/07-80026-021 500.00 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. P93000040774 DOCUMENT # SUMCARLOS, INC. NAME 5571 HALIFAX AVE. STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33912 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT (NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP NAME

14. I hereby certify that the information supplied with the filling 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND PIPED OR PRINTED NAME OF SIGNING GENERAL PARTNER