2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A93000001134

1. Entity Name

GOODBY'S EXECUTIVE PROPERTIES, LTD.



FILED Apr 04, 2007 08:00 All Secretary of State

Principal Place of Business

8810 GOODBY'S EXECUTIVE DRIVE, SUITE A JACKSONVILLE, FL 32217

Mailing Address

8810 GOODBY'S EXECUTIVE DRIVE, SUITE A JACKSONVILLE, FL 32217



04022007 No Chg-LP

CR2E003 (12/06)

| | |
|----------------------------------|-------------------|
| 4. FEI Number | Applied For |
| 59-3212377 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional |

6. Name and Address of Current Registered Agent

JOHNSON, KEITH H 8810 GOODBY'S EXECUTIVE DRIVE, SUITE A JACKSONVILLE, FL 32217

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| | e named entity submits this statement for the purpose of changing tions of registered agent. | g its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
|---|--|---|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable | DATE |
| | FILE NOWIII FEE IS \$500.00 After May 1, 2007, Fee will be \$ | |
| | A GENERAL PARTNER THAT IS A BUSINESS NOTE: General Partners MAY NOT be changed o | ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. In the form; an amendment must be filed to change a general partner. |
| 12. | GENERAL PARTNER INFORMATION | |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | L93000000235 GOODBY'S EXECUTIVE PROPERTIES, L.C. 8810 GOODBY'S EXECUTIVE DRIVE, SUITE A JACKSONVILLE, FL 32217 | 000000690031 |
| OOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | 04/11/07-80058-019`500.00 |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | |
| DOCUMENT # | | |

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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

NAME STREET ADDRESS CITY-SI-ZIP

TYRE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #