2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

STAPLE CHECK

SIGNATURE:

SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # A93000001367** 08 HAY -7 PM 1:51 1. Entity Name EDISTO GROUP, LTD. Principal Place of Business Mailing Address 5505 N. ATLANTIC AVENUE, #108 5505 N. ATLANTIC AVENUE, #108 COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 3. Mailing Address ア の Box 3212の9 2. Principal Place of Business - No P.O. Box # MOAD ATLANTIS Suite, Apt. #, etc. Suite, Apt. #, etc 04082008 Chg-LP CR2E003 (12/06) City & State 4. FEI Number Applied For ANAVEYAL Beach COA 59-3213396 Not Applicable 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 KINCAID, JAMES Street Address (P.O. Box Number is Not Acceptable) 5505 N. ATLANTIC AVENUE, #108 COCOA BEACH, FL 32931 TLANTIS 8. The above named entity submits this statement for the purpose of changing its registered office or fegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable DATE 100128734761 05/07/08--01009--027 **5 FILE NOW!!! FEE IS \$500.00 **508.75 After May 1, 2008, Fee will be \$900.00 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. 12. GENERAL PARTNER INFORMATION P93000085632 DOCUMENT # STREET ADDRESS GROUP EDISTO, INC. NAME STREET ADDRESS 5505 N. ATLANTIC AVENUE, SUITE 108 CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-ZIP DOCUMENT # N00000001462 STREET ADDRESS NAME CHASTAIN DEVELOPMENT CORP. 2730 CUMBERLAND BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF SMYRNA, GA 30080 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 14. I hereby certify that the information supplied with this 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

James Kincain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED