2007 LIMITED PARTNERSHIP ANNUAL REPORT

STAPLE CHECK

STREET ADDRESS CITY-ST-ZIP

Due By May 1, 2007 DOCUMENT #A9400000678 FILED PB SURF, LTD. 07 HAY 24 AM 9: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 40 SOUTH PALAFOX PL, SUITE 500 P.O. BOX 940 PENSACOLA, FL 32502 GULF BREEZE, FL 32562 CR2E003 (12/06) 02052007 No Chg-LP DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3243261 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent BRANNEN, DAVID A DO NOT WRITE 40 SOUTH PALAFOX PL, SUITE 500 PENSACOLA, FL 32502 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 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 \$500.00 After May 1, 2007, 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. GENERAL PARTNER INFORMATION 12. P94000042415 DOCUMENT # NAME BRANNEN INVESTMENTS, INC. 300103637673 06/01/07--01006--012 **500.00 STREET ADDRESS P.O. BOX 940 CITY-ST-ZIP GULF BREEZE, FL 32562 DOCUMENT # P94000042413 NAME BRANNEN HOLDINGS, INC. STREET ADDRESS P.O. BOX 940 CITY-ST-ZIP GULF BREEZE, FL 32562 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 DOCUMENT

14. Phereby 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

<u>Brannen</u>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER