2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Jan 12, 2008
Secretary of State

DOCUMENT# A94000001111

Entity Name: NOLA T. REYNOLDS TRUST FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

257 S.E. AVENUE E
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 114
31 EAST CORKSCREW BLVD.
LAKE HARBOR, FL 33459

New Mailing Address:

FEI Number: 65-0509761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GANN, JAMES M
257 S.E. AVENUE E
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

GENERAL PARTNER INFORMATION:

Document #:
Name: WEEKS, MARTHA L.T. TRUSTEE
Address: P.O. BOX 157, 8 EAST CORKSCREW BLVD.
City-St-Zip: LAKE HARBOR, FL 33459

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARTHA LYNN T WEEKS TRUS 01/12/2008

Electronic Signature of Signing General Partner — Date