## 2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # A94000001235** 08 MAR 12 AM 8: 39 CLIFFWOOD HOLDINGS, LTD. Mailing Address Principal Place of Business 4669 SOUTHWEST FREEWAY, SUITE 400 3120 SOUTHWEST FREEWAY, SUITE 200 HOUSTON, TX 77027 HOUSTON, TX 77098 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 120 Southwest Freeway Suite, Apt. #, etc. 01082008 Chg-LP CR2E003 (12/06) Applied For City & State & State 4. FEI Number 59-3268194 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7098-452 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DYMOND, WILLIAM T Street Address (P.O. Box Number is Not Acceptable) 215 N. EOLA DRIVE ORLANDO, FL 32801 Zip Code FΙ 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, typed or printed name of registered agent and title d applicable. DATE FILE NOW!!! FEE IS \$500.00 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 ADDRESS CHANGES ONLY 13 DOCUMENT # P94000066443 STREET ADDRESS CLIFFWOOD PROPERTIES, INC. NAME ~ STREET ADDRESS 4659 SOUTHWEST FREEWAY, SUITE 400. CITY-ST-ZIP CITY-ST-ZIP HOUSTON, TX 77027 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP OOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-S1-ZIP CITY - ST - ZIP 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

1/11/08

LRA MITZNER