2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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FILED **DOCUMENT # A95000000049** 2007 APR -5 AM 9: 38 THE BOYETT FAMILY LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7826 PINE FOREST ROAD P.O. BOX 10185 JACKSON, TN 38308 APT. K-1 PENSACOLA, FL 32526 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 129 McKenzie Road Suite, Apt. #, etc. Suite, Apt. #, etc. 02272007 Chg-LP CR2E003 (12/06) Jackson, City & State City & State 4. FEI Number Applied For 59-3298813 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 38308 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>David E. Bailey, Jr., Esq</u> BOYETT, ANN W Street Address (P.O. Box Number is Not Acceptable) 7826 PINE FOREST ROAD Attorney at Law APT. B-13 PENSACOLA, FL 32526 400 North Pace Boulevard City FL ^Z32505 Pensacola 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 ADDRESS CHANGES ONLY 12. DOCUMENT # SEE ATTACHED STREET ADDRESS NAME BOYETT, ANN W STREET ADDRESS 7830 PINE FOREST RD., APT. C-13 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32526 200098509 DOCUMENT (04/11/07--01041--022 **500.00 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS 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-71P DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Jennifer L

Howler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/27/07