· ≥2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

Apr 23, 2007 08:00 All Secretary of State **DOCUMENT # A95000000063** DEGUZMAN FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address C/O JEANETTE Y, VALENTI C/O JEANETTE Y. VALENTI 1660 MAGNOLIA DRIVE 1660 MAGNOLIA DRIVE CLEARWATER, FL 33756 CLEARWATER, FL 33756 04092007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3296363 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE VALENTI, JEANETTE Y 1660 MAGNOLIA DRIVE CLEARWATER, FL 33756 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 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. DOCUMENT# VALENTI, JEANETTE Y NAME STREET ADDRESS 1660 MAGNOLIA DRIVE CITY-\$1-ZIP CLEARWATER, FL 33756 U00000727491° DOCUMENT # NAME -05/04/07-80049-010 500:00° STREET ADDRESS CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # CHECK

DO NOT WRITE IN THIS SPACE

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

SIGNATURE:

DOCUMENT #

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

FILED