2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SECRETARY OF STATE DOCUMENT # A9500001685 DIVISION OF CORPORATIONS 1. Entity Name
THE PALMS 2100 OCEAN BOULEVARD, LTD. 08 MAY 28 AM 10: 49 Principal Place of Business 3101 Mailing Address 3101 3800-S. OCEAN DR. **3886** S. OCEAN DR. STE. 233 A-\ HOLLYWOOD, FL 33019 STE. 24 A-1 HOLLYWOOD, FL 33019 04242008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0625015 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FAIRMAN, NEIL DO NOT WRITE 35055 OCEAN DRIVE STE. 239 IN THIS SPACE 3101 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, 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 310 DOCUMENT # K74912 PLAZA PROPERTIES GROUP, INC. NAME STREET ADDRESS 3666 S. OCEAN DRIVE, STE. 210. A-CITY-ST-ZIP HOLLYWOOD, FL 33019 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE OOCUMENT # STREET ADDRESS CITY-ST-71P **000130678300** 06/03/08--01021--002 **500.00 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS 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 employered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING GENERAL PARTNER