FILED Mar 27, 2008 08:00 AN Secretary of State

2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008				
DOCUMENT # A9500002024 1. Entity Name PRICE INVESTMENTS LIMITED PARTNERSHIP				
Principal Place of Business	Mailing Address			
8430 ABBINGTON CIRCLE, UNIT C22 NAPLES, FL 34108	8430 ABBINGTON CIRCLE, UNIT C22 NAPLES, FL 34108			



DO NOT WRITE IN THIS SPACE

03192008 No Chg-LP CR2E003 (12/06)

4. FEI Number
36-4015094

S. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRICE, HOMER 8430 ABBINGTON CIRCLE, UNIT C22 NAPLES, FL 33963 DO NOT WRITE 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 **HOMER L. PRICE*** **HOMER L. PRICE*** **HOMER D. PRICE** **HOMER D. PRICE*** **HOMER D. PRICE** **HOMER D. PRICE*				
SIGNATURE	Signature, typed or printed name of registered agent and lifte if applicable	TOTIES ETITIOS	<u> </u>	
	FILE NOW!!! FEE IS \$500. After May 1, 2008, Fee will be		04/10/08-80012-018 500.00	
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	A STATE OF THE STA		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	PRICE, HOMER L TRUSTEE 8430 ABBINGTON CIRCLE, UNIT C22 NAPLES, FL 33963			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PRICE, SHIR LEE TRUSTEE 8430 ABBINGTON CIRCLE, UNIT C22 NAPLES, FL 33963			
DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP			IOT WRITE	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			HIS SPACE	
DOCUMENT # NAME STREET ADDRESS		The second secon		

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:

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FOMER L. PRICE

3/21/08

Daytime Phone #