2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2008

STAPLE CHECK HERE

Feb 19, 2008 08:00 AN Secretary of State DOCUMENT # A9600000128 1. Entity Name SCOTT LAKE, LTD. Principal Place of Business Mailing Address 3205 GRANADA BOULEVARD 3205 GRANADA BOULEVARD CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/07) Applied For City & State City & State 4. FEI Number 65-0629929 Not Applicable Ζıp Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EHLERT, ESTHER A Street Address (P.O. Box Number is Not Acceptable) 3205 GRANADA BLVD. CORAL GABLES FL 33134 Zip Code City 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. U00000933931 n2/27/08-80082-024 500.00 Signature, typed or printed matteral registered agent and title if applicable FILE NOW!!!! Fee is \$500: *** After May 1, 2008, fee will be \$900 *** Make check payable to Florida Department of State. 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 # STREET ADDRESS NAME EHLERT, ESTHER A STREET ADDRESS 3205 GRANADA BOULEVARD CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 DOCUMENT # STREET ADDRESS NAME EHLERT, ALBERT J STREET ADDRESS 3205 GRANADA BOULEVARD CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-7IP 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 ADDRESS MAMF STREET ADDRESS CITY+ST-789 CITY-ST-ZIP DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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 path; 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

FILED