2008 LIMUTED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED DOCUMENT # A9600000332 1. Entity Name 08 FEB 19 PM 4: 03 PEBBLES ISLAND GRILL, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 601 NORTH NEW YORK AVENUE, #201 P.O. BOX 2066 WINTER PARK, FL 32789 WINTER PARK, FL 32780 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. # etc. 01252008 Cha-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 59-3391279 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ATLANTIC COAST MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 601 NORTH NEW YORK AVENUE WINTER PARK, FL 32789 201 Zip Code 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, typed or printed name of registered agent and title if applicable OATE 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY V44833 DOCUMENT # STREET ADDRESS ATLANTIC COAST MANAGEMENT, INC. NAME STREET ADORESS 601 NORTH NEW YORK AVENUE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 32789 DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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-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 empowered to execute this report as required by Chapter 620, Florida Statutes

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER