2008 LIMITED PARTNERSHIP ANNUAL REPORT

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SECRETARY OF STATE **Due By May 1, 2008 DOCUMENT # A96000001094** TALLAHASSEE, FLORIDA 1. Entity Name I.B.K., LTD. 08 MAR 28 AM 8: 39 Principal Place of Business Mailing Address P.O. BOX 422312 515 WEST BRYAN STREET KISSIMMEE, FL 34741 KISSIMMEE, FL 34742-2312 01262008 No Chq-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3387798 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEE, GARY L DO NOT WRITE 515 W. BRYAN STREET KISSIMMEE, FL 34741 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, 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 P96000049480 DOCUMENT / NAME DVG MANAGEMENT, INC. STREET ADDRESS 515 WEST BRYAN STREET CITY-ST-ZIP KISSIMMEE, FL 34741 03/24/08--01005--001 **500.00 DOCUMENT # NAME 800120972518 03/24/08--01005--001 **500.00 STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY+ST-7/P 14. I hereby certify that the information supplied with this filing 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

VICE PRES

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG GENERAL PARTNER

Date

Date

Date

Date

Date

Date

Date

Desprine Proper