2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

CITY-ST-ZIP

DOCUMENT # A96000001122 FILED 1. Entity Name LMN ASSOCIATES LTD. 2007 FEB 28 AM 10: 20 Principal Place of Business SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address 1855 MCCAULEY ROAD 1855 MCCAULEY ROAD CLEARWATER, FL 34625 CLEARWATER, FL 34625 02122007 No Cha-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3409780 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOWELL, LEWIS A DO NOT WRITE 1855 MCCAULEY ROAD CLEARWATER, FL 34625 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. red agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 DOCI MENT # NAM HOWELL, LEWIS A STREET ADDRESS 1855 MCCAULEY ROAD **800090087098** 03/02/07--01049--032 ***500.00 CIT -ST-ZIP CLEARWATER, FL 34625 DOCUMENT # NAME STREET ADDRESS CI Y-ST-ZIP DO UMENT # NA DO NOT WRITE STRAFT ADDRESS CITY ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS. CITY-ST DOCUME STREET ADDVESS CITY-ST-ZI DOCUMENT # NAME STREET ADDRESS

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