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

Jan 25, 2008 08:00 AM Secretary of State DOCUMENT # A96000001505 1. Emity Name THE V. RAYMOND HULLINGER FAMILY LIMITED **PARTNERSHIP** Principal Place of Business 5003 COMMONWEALTH C/O V.R. HULLINGER 5003 COMMONWEALTH C/O V.R. HULLINGER PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business - No.P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 1st MOORE CR2E003 (10/07) City & State City & State 4. FEI Number Applied For 65-0696293 Not Applicable Zip Country $Z_{(0)}$ 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 HULLINGER, V. RAYMOND Street Address (P.O. Box Number is Not Acceptable) 5003 COMMONWEALTH, BAY COLONY PALMETTO FL 34221 City 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. Tam familiar with, and accept the obligations of registered agent. SIGNATURE Squature, typed or pointed name of registerical agent and late it 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # G06280 STREET ACCURESS NAME WAGON WHEEL 88 RANCH, INC. STREET ADDRESS 535 13TH STREET WEST CHY-ST-ZIP CITY-ST-RE **BRADENTON FL 34205** DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-SI-ZIP CITY-ST-7/P DOCUMENT # STREET ADDRESS STREET ADORESS CITY-ST-3PP CITY-ST-7IP DOCUMENT # STREET ADDRESS MANT STREET ADDRESS U00000794433 CHY-S1-ZIP CITY-ST-ZIP /28/28-80007-02<u>1 500.00</u> DOCUMENT ₹ STREET ADDRESS MALA STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 regal 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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