2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008 FILED Jan 18, 2008 08:00 AM Secretary of State **DOCUMENT # A96000001608** BEAVER/FRUITVILLE LIMITED PARTNERSHIP Principal Place of Business Mailing Address 225 AVANT AVENUE 225 AVANT AVENUE SARASOTA, FL 34232 SARASOTA, FL 34232 01042008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0693796 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SIMMONS, GERALD C DO NOT WRITE 4915 BACCUS AVE. SARASOTA, FL 34233 IN THIS SPACE 3. 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. U00000789737 01/23/08-80005-013 500.00 Signature, typed or printed name of registered agent and title if applicable 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 DOCUMENT # L96000000907 NAME BEAVER/FRUITVILLE L.C. STREET ADDRESS 225 AVANT AVENUE CITY-ST-ZIP SARASOTA, FL 34232 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT / STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CFTY-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 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

1/15/08 941-780-4326 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # NAME STREET ADDRESS