2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

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SIGNATURE

FILED Apr 10, 2007 08:00 AN Secretary of State DOCUMENT # A96000001785 1. Entity Namo THE MEARS FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 5740 S.W. 130TH AVENUE FORT LAUDERDALE FL 33330 5740 S.W. 130TH AVENUE FORT LAUDERDALE FL 33330 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, ctc. Suite, Apt #, etc 1st MOORE CR2E003 (10/06) City & State City & State Applied For 4. FEI Number 65-0697388 Not Applicable Zip Country Zıp Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEARS, ALBERT C SR. Street Address (P.O. Box Number is Not Acceptable) 5740 S.W. 130TH AVENUE FORT LAUDERDALE FL 33330 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 Fforida. I am familiar with, and accept the obligations of registered agent ignature, typed or printed name of registered agent and title if applicable. FILE NOW!!! Fee is \$500, *** After May 1, 2007, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS NAME MEARS, ALBERT C SR. STREET ADDRESS 5740 S.W. 130TH AVENUE CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33330 U00000698386 DOCUMENT # STREET ADDRESS 04/18/07-80077-019 500.00 NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-7IP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CHY-SI-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS C1TY - ST - 71P 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 cortify 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 eath; 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

Date

Daytime Phone #