2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

STAPLE CHECK

SIGNATURE:

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A96000001790 08 MAY 12 PM 4: 52 BARCLAY SQUARE ASSOCIATES, LTD. Principal Place of Business Mailing Address 1645 S.E. 3RD COURT 1645 S.E. 3RD COURT SUITE 200 SUITE 200 DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062008 CR2E003 (12/06) Chg-LP Applied For City & State City & State 4. FEI Number 65-0698816 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent G.P. BARCLAY, INC. Street Address (P.O. Box Number is Not Acceptable) 1645 S.E. 3RD COURT SUITE 200 DEERFIELD BEACH, FL 33441 Zip Code City FL 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 SIGNATURE 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 900128891779 <u>05/09/08--01006--014</u> 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. 13. DOCUMENT # P96000077154 STREET ADORESS NAME G.P. BARCLAY, INC. STREET ADDRESS 1645 S.E. 3RD COURT, SUITE 200 CITY-ST-ZIP Deerfield Beach, FL 33441 CITY-ST-ZIP DELRAY BEACH, FL 33441 DOCUMENT # STREET ADVORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 ampowered to execute this report as required by Chapter 620, Florida Statutes

O OR PRINTED NAME OF BIGNING GENERAL PARTNER