2008 LIMITED PARTNERSHIP ANNUAL REPORT **FILED** Due By May 1, 2008 Feb 11, 2008 08:00 Al **DOCUMENT # A96000001815 Secretary of State** 1. Entity Name CELC, LTD. Principal Place of Business Mailing Address 9400 RIVER CROSSING BLVD 9400 RIVER CROSSING BLVD SUITE 102 SUITE 102 NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655 01062008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3404597 Marin the factor of the second Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DEEB, ALEX R 9400 RIVER CROSSING BLVD IN THIS SPACE SUITE 102 NEW PORT RICHEY, FL 34655 de la comoción completado de la comoción de la como 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. SIGNATURE 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. U00000824900 02/20/08-80097+013:508:75 DO NOT WRITE IN THIS SPACE GENERAL PARTNER INFORMATION 12. Marie Land Britan and the real property and the Marie Land Comments and Continued and Continued and Continued the Continued and DOCUMENT # K47763 TRI COUNTY DEVELOPMENT, INC. STREET ADDRESS 9400 RIVER CROSSING BLVD SUITE 102 CITY-ST-ZIP NEW PORT RICHEY, FL 34655 DOCUMENT # STREET ADDRESS CITY ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT # MAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

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 cath; 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTHER

NAME STREET AODRESS City-St-ZIP

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