2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A96000002334

Entity Name: KESSLER F.P., LTD.

Name:

Address:

SARYAN, INC.

City-St-Zip: MIAMI, FL 33166

7775 N.W. 48 ST., SUITE 100

FILED Apr 16, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|--|----------------------------------|-----------------------------------|---------------------------------------|
| 7775 N.W. 48 STREET, 8 MIAMI, FL 33166 | SUITE 100 | | |
| Current Mailing Address: | | New Mailing Address | : |
| 7775 N.W. 48 STREET, 8 MIAMI, FL 33166 | SUITE 100 | | |
| FEI Number: 65-0965660 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: Name and Address of New Registered Age | | | New Registered Agent: |
| KESSLER, HAROLD 7775 N.W. 48 STREET, 9 MIAMI, FL 33166 US | SUITE 100 | | |
| The above named entity in the State of Florida. | submits this statement for the p | urpose of changing its registered | l office or registered agent, or both |
| SIGNATURE: | | | |
| Electror | nic Signature of Registered Age | ent | Date |
| GENERAL PARTNER INFORM | AATION: | ADDRESS CHANGES ONL | Y : |
| Document #: P96000088256 | i | | |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: HAROLD KESSLER GP 04/16/2009