2007 LIMITED PÄRTÑERSHIP ANNUAL REPORT **Due By May 1, 2007**

Apr 23, 2007 08:00 Al Secretary of State DOCUMENT # A96000002428 SHOPPERS SQUARE ASSOCIATES, LTD. Principal Place of Business Mailing Address · 8871 FISHERMENS BAY DRIVE 8871 FISHERMENS BAY DRIVE SARASOTA, FL 34231 SARASOTA, FL 34231 02262007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0717668 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent **GETZEN MANAGEMENT COMPANY** DO NOT WRITE 8871 FISHERMENS BAY DRIVE SARASOTA, FL 34231 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # P96000084771 NAME **GETZEN MANAGEMENT COMPANY** U000000727669, STREET ADDRESS 8871 FISHERMENS BAY DRIVE 05/04/07-80057-020 500.00 CtTY-ST-ZIP SARASOTA, FL 34231 DOCUMENT / STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # 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 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: .

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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