2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

SIGNATURE: .

FILED Apr 25, 2007 08:00 AM Secretary of State **DOCUMENT # A96000002444** ZICHECK INVESTMENTS, LTD. Principal Place of Business Mailing Address 5570 SOUTH KENANSVILLE 5570 SOUTH KENANSVILLE YEEHAW JUNCTION, FL 34972 YEEHAW JUNCTION, FL 34972 04232007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0724742 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ZICHECK, BEVERLY DO NOT WRITE 5570 SOUTH KENANSVILLE YEEHAW JUNCTION, FL 34972 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if DATE FILE NOW!!! FEE IS \$500.00 After May 1,/2007, Fee will be \$889.00 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 # P96000102351 NAME ZICHECK PROPERTIES OF FLORIDA, INC. STREET ADDRESS 5570 SOUTH KENANSVILLE CITY-ST-ZIP YEEHAW JUNCTION, FL 34972 DOCUMENT # U00000730852 NAME 05/08/07-80096-007 500.do STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # CHECK NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT 4 NAME STREET ADDRESS 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 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

OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #