## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SIGNATURE: &

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## FILED Jan 31, 2008 08:00 A DOCUMENT # A9700000275 Secretary of State 444 PROPERTIES, LTD. Principal Place of Business Mailing Address 444 E. PALMETO PARK ROAD #200 1801 N. MILITARY TRAIL BOCA RATON, FL 33432 SUITE 200 BOCA RATON, FL 33431 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01112008 Chg-LP CR2E003 (12/06) 4. FEI Number City & State City & State Applied For 65-0721954 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWANSON, KENNETH Street Address (P.O. Box Number is Not Acceptable) 1370 ROYAL PALM WAY BOCA RATON, FL 33432 Zip Code 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, 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY P96000103963 DOCUMENT # STREET ADDRESS LKCC ASSOCIATES, INC. NAME STREET ADDRESS 1370 ROYAL PALM WAY CITY-ST-ZIP CITY-SI-ZIP BOCA RATON, FL 33432 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS UUU0000809671 CITY-ST-ZIP 02/08/08-80031-015 500.00 CITY - ST- 7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 1 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

By: Kenneth R. Swanson, Pres.

Daytime Phone #