2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED Apr 17, 2008 08:00 A Secretary of State DOCUMENT # A97000002261 1. Entity Name THE DAVIDSON'S CLEANERS LIMITED FAMILY PARTNERSHIP Principal Place of Business Mailing Address P.O. BOX 401 325 NORTH BRIDGE STREET LA BELLE, FL 33975 LABELLE, FL 33935 01182008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0782140 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE DAVIDSON, BEAUFORD E 360 CALOOSA DR LABELLE, FL 33935 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. DUNULU QUOATE (J Signature, typed or printed name of registered agent and bile if applicable U3/U1/U6T6UU34TUU4 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. DOCUMENT # DAVIDSON, LAWRENCE STREET ADDRESS 325 N BRIDGE ST CITY - ST - ZIP LABELLE, FL 33935 DOCUMENT # DAVIDSON, CRAIG NAME STREET ADDRESS 325 N BRIDGE ST CITY -ST - ZIP LABELLE, FL 33935 DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT / STREET ADDRESS CHY-ST-ZIP DOCUMENT # STREET ADDRESS 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. 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: L

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP