2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

Due By May 1, 2008 FILED **DOCUMENT # A97000002690** RHF CARDER ROAD PARTNERS, LTD. 08 FEB 19 PM 4: 01 SECRETARY OF STATE Mailing Address PO BOX 4069 9105 Beving to LILLAHASSEE, FLORIDA EDWARDS, 60 81632 4069 US ON AMOG F1 32827-7058 Principal Place of Business Mailing Address FUST RUBINSON STREET 105 E. RUBINSON DO BOX 4069 SUITE 240 540 ORLANDO, FL 32810-4741 01222008 No Chg-LP CR2E003 (12/06) -DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3483166 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEFKOWITZ, IVAN M DO NOT WRITE LEFKOWITZ & BLOOM, P.A. 430 N. MILLS AVE. IN THIS SPACE ORLANDO, FL 32803 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 SIGNATURE? 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. P97000099246 DOCUMENT # HUFFINE ENTERPRISES, INC. GYLCH 02/2/708-1185555651 9105 Bevington LAVE STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CJTY-ST-ZIP DOCUMENT A NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT /_ NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-SE 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:

NAME • TO CONTROL
STREET ADDRESS
CITY-ST-ZIP

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CHECK

Robert Ar Duffins

ROBERT A. HUFFINE

1/28/08 407

3 407-496-4578

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