2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A97000002875 2007 MAR 27 AM 10: 21 SENTNOR FAMILY LIMITED PARTNERSHIP #1, LTD. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 8511 LEEWAY LANE 8511 LEEWAY LANE **BOYNTON BEACH, FL 33436** BOYNTON BEACH, FL 33436 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 03152007 CR2E003 (12/06) Chg-LP City & State City & State 4. FEI Number Applied For 65-0802769 Not Applicable Zip Country 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 LABINER, PAUL S Street Address (P.O. Box Number is Not Acceptable) 5499 N, FEDERAL HIGHWAY STE. K BOCA RATON, FL 33487 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 Signature, typed or printed name of registered agent and title if applicable. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS SENTNOR, SEYMOUR TRUSTEE NAME STREET ADDRESS 8511 LEEWAY LANE CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH, FL 33436 DOCUMENT A STREET ADDRESS NAME SENTNOR, MARILYN A TRUSTEE STREET ADDRESS 8511 LEEWAY LANE CITY-ST-7IP 04/03/07--01052--007 **500.00 CITY-ST-ZIP BOYNTON BEACH, FL 33436 DOCUMENT # STREET ADDRESS NAME 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 DOCUMENT # STREET ADDRESS NAME CITY-ST-ZIP CO ST-ZIP 1. It 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:

FILED