2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2008

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FILED Jan 31, 2008 08:00 AN Secretary of State DOCUMENT # A97000002920 MEREDITH AND ELSA L. MCKINNEY LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address 5950 MILLER LANDING COVE 5950 MILLER LANDING COVE TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 2. Principal Place of Business No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E003 (10/07) City & State City & State Applied For 4. FEI Number 59-3479893 Not Applicable Zφ Country 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 PIERCE, ROBERT A 227 SOUTH CALHOUN STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 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 $\frac{}{\text{Signature: Noted or printed names of registered layers and size if epollishing}}$ FILE NOW!!! Fee is \$500. *** After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State. 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. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT ≱ STREET ADDRESS NAME MCKINNEY, MEREDITH STREET ADDRESS. 5950 MILLER LANDING COVE CHY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 U00000809647 DOCUMENT > STREET ADDRESS 02/08/08-80031-003 500.00 MARKE MCKINNEY, ELSA L STREET ADDRESS 5950 MILLER LANDING COVE CHY-S1-ZIP CITY-ST-7IP TALLAHASSEE FL 32312 DÖCUMENI ≠ STREET ADDRESS NAME HUMPHRESS, JOHN K STREET ADDRESS 1040 EAST PARK AVENUE CITY- ST- 7IP CITY-ST-ZIP TALLAHASSEE FL 32301 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS SMAM STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP

14. Thereby 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: MEREDITH MEKTAREY Print