2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2008 Apr 21, 2008 08:00 A Secretary of State **DOCUMENT # A97000002926** THE H.R. WILLIAMS FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 7954 ROYAL BIRKDALE CIRCLE 7954 ROYAL BIRKDALE CIRCLE BRADENTON, FL 34202 BRADENTON, FL 34202 04042008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0819420 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent BLALOCK, WALTERS, HELD & JOHNSON, P.A. DO NOT WRITE 802-11TH STREET WEST BRADENTON, FL 34205 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. Signature, typed or printed name of registered agent and title if applicable DATE FILE NOWIII 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. 12. GENERAL PARTNER INFORMATION DOCUMENT # WILLIAMS, HANSFORD R NAME STREET ADDRESS 7954 ROYAL BIRKDALE CIRCLE CITY-ST-ZIP BRADENTON, FL 34202 000000911565 05/07/08-80045-013 500.00 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

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:

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

4-19-08