2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

SECRETARY OF STATE DOCUMENT # A98000000034 DIVISION OF CORPORATIONS 1. Entity Name WEISSMAN FAMILY LIMITED PARTNERSHIP 07 JAN 23 AM 9: 21 Principal Place of Business Mailing Address **504 WINTERS CREEK RD 504 WINTERS CREEK RD** PALM CITY, FL 34990-8096 PALM CITY, FL 34990-8096 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1212 WINTERS CREEK RD 1212 WINTERS CREEK RD. Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For PALM CITY, FL PALM CITY, FL 04-3396675 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34990 34990 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERT J. WEISSMAN WEISSMAN, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 1212 WINTERS CREEK RD. **504 WINTERS CREEK RD** PALM CITY, FL 34990-8096 City PALM CITY Zip Code 34990 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. ucemm SIGNATURE 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. L05000031667 DOCUMENT # STREET ADDRESS 1212 WINTERS CREEK RD. WEISSMAN FAMILY LLC STREET ADDRESS **504 WINTERS CIRCLE ROAD** CITY-ST-ZIP CITY-ST-ZIP PALM CITY, FL 349908096 PALM CITY, FL 34990 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 600086232116 01/25/07--01040--018 **500.00 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP *DOCUMENT # STREET ADDRESS TAME STREET ADDRESS CITY-ST-ZIP CITT ST-ZIP DOCUMENT # STREET ADDRESS NAME 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

NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: _