2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

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SIGNATURE:

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A9800000193 1. Entity Name HICKORY GLEN TOWNHOMES, LTD. 08 HAY -7 PM 1:50 Principal Place of Business Mailing Address 5505 N. ATLANTIC AVE., #108 5505 N. ATLANTIC AVE., #108 COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 3. Mailing Address
P O BOX 321209 2. Principal Place of Business - No P.Q. Box # ATLANTIS ROAD Suite, Apt. #, etc Suite, Apt. #. etc 04082008 Chg-LP CR2E003 (12/06) City & State, City & State 4. FEI Number Applied For OCOA BEAC 59-3495044 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KINCAID, JAMES 5505 N. ATLANTIC AVE., #108 Street Address (P.O. Box Number is Not Acceptable) COCOA BEACH, FL 32931 ROAD ATLANTIS Averal 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, 2008, Fee will be \$900.00 -01012---003 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. 13. ADDRESS CHANGES ONLY DOCUMENT # P98000006050 STREET ADDRESS HICKORY GLEN TOWNHOMES, INC. NAME STREET ADDRESS 5505 N. ATLANTIC AVE., #108 CITY-ST-7IP CITY-ST-ZIF COCOA BEACH, FL 32931 DOCUMENT # N16583 STREET ADDRESS THE MEMPHIS AREA COMMUNITY DEVELOPMENT COR NAME STREET ADDRESS 1060 OREGON COURT CITY-ST-ZIP CITY-ST-7IP SARASOTA, FL 34236 DOCUMENT # STREET ADORESS 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-SI-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

KINGIN

James

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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