2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

CHECK

CITY-ST-ZIP

TALLAHASSEE, FLORIDA DOCUMENT # A9800000610 08 MAY -7 PM 1:50 PARK CREST, LTD. Principal Place of Business Mailing Address 5505 NORTH ATLANTIC AVENUE, # 108 5505 NORTH ATLANTIC AVENUE, # 108 COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 321209 PO BOX HTLANTIS Suite, Apt. #, etc 04082008 Chg-LP CR2E003 (12/06) Applied For City & State City & State 4. FEI Number OCOA BEACH 59-3495702 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KINCAID, JAMES Street Address (P.O. Box Number is Not Acceptable) 5505 NORTH ATLANTIC AVENUE, #108 COCOA BEACH, FL 32931 ROAD 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 700128735207 FILE NOW!!! 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 13. P98000020358 DOCUMENT # STREET ADDRESS PARK CREST, INC. NAME STREET ADDRESS 5505 N. ATLANTIC AVE., SUITE 108 CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH, FL 32931 N16583 DOCUMENT A STREET ADORESS NAME MEMPHIS AREA COMMUNITY DEVELOPMENT CORPORA STREET ADDRESS 1060 OREGON COURT CITY-ST-7IP CITY-ST-ZIP SARASOTA, FL 34236 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

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SECRETARY OF STATE

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

SIGNATURE:

Tames Kinesiy 122/08 321-799-4690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER