

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT # A98000000949</b> 1. Entity Name <b>AMERICAN FEDERAL PROPERTIES, LTD.</b>	
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FILED  
 07 MAY 24 AM 9:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>1 SLEIMAN PARKWAY, SUITE 200 270</b> <b>JACKSONVILLE, FL 32216</b>	Mailing Address <b>1 SLEIMAN PARKWAY, SUITE 200 270</b> <b>JACKSONVILLE, FL 32216</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03152007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-3467205</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SLEIMAN, ELI T JR.</b> <b>1 SLEIMAN PARKWAY</b> <b>SUITE 270</b> <b>JACKSONVILLE, FL 32216</b>	7. Name and Address of New Registered Agent Name <b>Robert K. White</b> Street Address (P.O. Box Number is Not Acceptable) <b>1 Sleiman Parkway</b> Suite 270 City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32216</b>
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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 *Robert K. White* **Robert K. White** 3/20/07  
Signature, typed or printed name of registered agent and title if applicable. DATE

**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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P95000057608 AMERICAN FEDERAL PROPERTIES, INC. 1 SLEIMAN PARKWAY, SUITE 200 270 JACKSONVILLE, FL 32216	STREET ADDRESS CITY-ST-ZIP	<b>100103636111</b> <b>06/01/07 01005 009 **500.00</b>
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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: *Robert K. White* **Robert K. White** 3/20/07 904-731-8806  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE