2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

SIGNATURE:

FILED DOCUMENT # A98000001114 THE TURLEY FAMILY PARTNERSHIP, LTD. 2007 APR 17 AM 10: 06 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 1465 S. FORT HARRISON AVENUE, SUITE 201 1465 S. FORT HARRISON AVENUE, SUITE 201 CLEARWATER, FL 33756 CLEARWATER, FL 33756 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032007 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 59-3519571 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NYP. THA SALLY STEWART Street Address (P.O. Box Number is Not Acceptable) 1465 S. FORT HARRISON AVENUE, SUITE 201 CLEARWATER, FL 33756 City Zip Code 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. 4-3-07 SIGNATURE Signature, typed oxformed name of registered agent and title if applica 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 12. ADDRESS CHANGES ONLY P97000080224 DOCUMENT # STREET ADDRESS BEAR TREE, INC. NAME 1465 S. FORT HARRISON AVENUE, SUITE 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33756 DOCUMENT # STREET ADDRESS NAME - 200098309: 04/24/07--01052--019 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS 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 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

STEWART TURLEY

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER