2008 LIMITED PARTNERSHIP ANNUAL REPORT **FILED Due By May 1, 2008** Feb 06, 2008 08:00 AN Secretary of State **DOCUMENT # A98000001211** 1. Entity Name JRC RICKETTS, LTD. Principal Place of Business Mailing Address **5 TIMBER LANE** 4341 WEST WALLACE CIRCLE **TAMPA. FL 33611** POQUOSON, VA 23662 02032008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3510746 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RICKETTS, CHESTER E DO NOT WRITE 4341 WEST WALLACE CIRCLE TAMPA, FL 33611 IN THIS SPACE 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 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. DOCUMENT # RICKETTS, CHESTER E NAME 000000818584 02/15/08-80050-012 500.00 STREET ADDRESS 4341 WEST WALLACE CIRCLE CITY-ST-ZIP TAMPA, FL 336293361 DOCUMENT # NAME RICKETTS, RODNEY H STREET ADDRESS 934 TEEL MTN ROAD CITY-ST-ZIP STANDARDSVILLE, VA 22973 DOCUMENT # NAME RICKETTS, JILL E DO NOT WRITE STREET ADDRESS 4415 SWANN CIRCLE TAMPA, FL 33609 CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

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: .

White Lights
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/3/00.

434-825-8622

ate

Daytime Phone #