2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2008

FILED May 07, 2008 08:00 AN Secretary of State DOCUMENT # A98000001293 1. Entity Name RIVER FORK RANCH LIMITED PARTNERSHIP Principal Place of Business Mailing Address 1501 LANGFORD DRIVE 1501 LANGFORD DRIVE WEST PALM BEACH FL 33406-8727 WEST PALM BEACH FL 33406-8727 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/07) City & State City & State 4. FEI Number Applied For 65-0838328 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WADDELL, C. WILLIAM Street Address (P.O. Box Number is Not Acceptable) 1501 LANGFORD DRIVE WEST PALM BEACH FL 33406 Zip Code City 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. CATE FILE NOW!!! Fee is \$500: *** After May 1, 2008; fee will be \$900. *** Make check payable to Florida Department of State. 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 ADDRESS CHANGES ONLY 12 13. **DOCUMENT ≱** P98000046080 STREET ADDRESS NAME RIVER FORK RANCH, INC. STREET ADDRESS 1501 LANGFORD DRIVE U00000949569 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33406-8727 06/ກິຊິ/ກິຊິ-ຊິກກິຊິຊິ-ກກ໑ ຊາກ ກາ DOCUMENT # 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 ADD/RESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

. William Waddell

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

4/30/08 (561) 845-213