2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008 DOCUMENT # A98000001701 REFLECTIONS OF TAMPA LTD. Principal Place of Business Mailing Address 20725 SW 461H AVE. 20725 SW 461H AVE. NEWBERRY, FL 32669 NEWBERRY, FL 32669 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent Name DAVIS, STEFAN M Street Address (P 20725 SW 46TH AVE. NEWBERRY, FL 32669

FILED Apr 29, 2008 08:00 AN Secretary of State

20725 SW 4	0725 SW 461H AVE. 20725 SW 461H AVE. EWBERRY, FL 32669 NEWBERRY, FL 3266			 	14) 15))) 85))) 16)	41111 10 10 10	
C	OO NOT WRITE	O1182008 No Chg-LP CR2E003 (12/06) 4. FEI Number Applied For Not Applicable 62-1749610 S8.75 Additional Fee Required					
<u> </u>	6. Name and Address of Current Re	egistered Agent	Name	7. Name and Ad	ddress of New Regist		quirea
DAVIS, STEFAN M 20725 SW 46TH AVE. NEWBERRY, FL 32669			Street Address (P.O BDO De NOTCE) WRITE IN THIS SPACE City FL 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.							
SIGNATURE							
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00					1904,000	DATE	
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 IN	NFORMATION 13.			ADDRESS CHANGE	SONLY	
DOCUMENT / NAME STREET ADDRESS CITY ST - ZIP	G72943 EARTHART, INCOPORATED 20725 SW 46TH AVE NEWBERRY, FL 32669		REET ADDRESS Y-ST-ZIP				5
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14. Thereby 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP DOCUMENT #

CITY-S1-ZIP

DOCUMENT #

CITY-ST-ZIP

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

第二次語の

STAPLE

efan M. Davis AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

January 31, 2008

(352) 472-7773

Daylime Phone #