2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Mar 14, 2007 08:00 AM Secretary of State

| Due by may 1, 2007 | | | | | Sagratary of Ste |
|--|---|--|---|--|--|
| DOCUMENT # A98000002551 1. Entity Name KLEIMAN SANDSPUR HOLDINGS, LTD. | | | | | Secretary of Sta |
| Principal Place of Business Mailing Address 130 NORTH SPRING LAKE DRIVE 130 NORTH SPRING LAKE DRIVE ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 327 | | | | | 28// 18/15 HOST SIIST AND NEIST AN 12/ |
| | | | . | | |
| DO NOT WRITE IN THIS SPA | | | 03052007 No Chg-LP | | |
| | | | CE | 4. FEI Number 59-3540918 | Applied For Not Applicable |
| | | | , t, , | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | 6. Name and Address of Current | Registered Agent | | · · · · · · · · · · · · · · · · · · · | |
| KLEIMAN, EDWARD J 130 NORTH SPRING LAKE DRIVE ALTAMONTE SPRINGS, FL 32714 | | | DO NOT WRITE IN THIS SPACE | | |
| | named entity submits this statement fi | or the purpose of changing its register | ed office or register | ed agent, or both, in the State of Flor | ida. I am familiar with, and accept |
| | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. | | | | | DATE |
| | FILE NO After May 1, | W!!! FEE IS \$500.00 2007, Fee will be \$900.00 | | | |
| | NOTE: General Partners M. | THAT IS A BUSINESS ENTITY N AY NOT be changed on the form | IUST BE REGIS n; an amendmer | TERED AND ACTIVE WITH THI nt must be filed to change a ge | S OFFICE. neral partner. |
| 12. | GENERAL PARTNE | R INFORMATION | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | KLEIMAN, EDWARD J 130 NORTH SPRING LAKE DR ALTAMONTE SPRINGS, FL 32 | | U00000666592 03/23/07-80075-018 500.00 | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | ٠. | f | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | ٠.; | DO NOT WE | RITE |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | , 9 a | IN THIS SPA | ACE . |
| 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 these points as required by the pter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

CITY-ST-ZIP

DOCUMENT /
NAME

STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNI

3/12/07 (407) 741-8600