2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

DOCUMENT # A98000002690 1. Entity Name 03 APR 14 AM 11: 45 LIPE FARMS, LTD. Principal Place of Business Mailing Address 9090 S.W. LIPE STREET 9090 S.W. LIPE STREET ARCADIA, FL 34266-6615 ARCADIA, FL 34266-6615 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9080 SW LIPE STREET 9080 S.W Lipe STREET Suite, Apt. #. etc. Sulte, Apt. #, etc. 02192008 CR2E003 (12/06) Chg-LP Applied For City & State 4. FEI Number City & State ARCADIA FIORIDA 59-3545361 Not Applicable LORIDA <u>ARCA DIA</u> Country Zip 34269 Country \$8.75 Additional 5. Certificate of Status Desired 34269 U.S.A. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERT M. WOLF, P.A. Street Address (P.O. Box Number is Not Acceptable) 33 S.E. 4TH STREET, SUITE 102 BOCA RATON, FL 33432 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. SIGNATURE Signature, typed or printed name of registered agent and tale if applicable DATE 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 ADDRESS CHANGES ONLY 13. 12. P98000100913 DOCUMENT # STREET ADDRESS LIPE FARMS, INC. NAME STREET ADDRESS 9080 S.W. LIPE STREET CITY-ST-ZIP CITY-ST-7IP ARCADIA, FL 34269 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHECK HERE CHY-SI-ZP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE 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 JOHN IN. SIGNATURE: . SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED

SECRETARY OF STATE

TĂLLAHASSEE, FLORIDA