2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SIGNATURE:

FILED DOCUMENT # A98000002865 1. Entity Name LOFTIN FAMILY PARTNERSHIP, LTD. 2008 FEB -5 PM 3: 20 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 2101 BARRANCAS 2101 BARRANCAS PENSACOLA, FL 32501 PENSACOLA, FL 32501 01172008 No Cha-LP CR2E003 (12/06) 4. FEI Number Applied For 59-3548683 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOFTIN, JOE M DO NOT WRITE 2101 BARRANCAS PENSACOLA, FL 32501 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 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. P98000096172 DOCUMENT # NAME LOFTIN FAMILY COMPANY 2101 BARRANCAS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32501 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRIT STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS 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

PED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #