**FILED** 00 Atate

| 200  | Due By I  | May 1, 2007  |                         | Jai  | 1 25, 2007 08:0                             |
|--|---|--|-------------------------|--|---|
| 1, Entity Na                                 | MENT # A9800000   | <del></del>  |                         |  | Secretary of S                              |
| ONE HARBO                                    | ce of Business<br>DUR PLACE<br>BOUR ISLAND BOULEVARD<br>33602-5799            | Mailing Address<br>1601 MCCLOSKEY BOULEVAR<br>TAMPA, FL 33605                        | 0                       |  |   |
|  | OO NOT WRIT   | E IN THIS SPA  | CE.                     | 01092007 No Chg-LP  4. FEI Number 59-3638726   | CR2E003 (12/06)  Applied For Not Applicable |
|  | S November 1  | nt Dugistored Arent  |                         | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required              |
| 1601 MC                                      | 5. Name and Address of Curre<br>T, KENNETH D ESQ<br>CLOSKEY BLVD.<br>FL 33605 | an ragistured Agent  |                         | DO NOT W   |   |
|  | ations of registered agent,   | for the purpose of changing its registe  | ered office or register | red agent, or both, in the State of FI   | orida. I am familiar with, and accept       |
|  | After May 1   | OWILL FEE IS \$500.00<br>, 2007, Fee will be \$900.00<br>R THAT IS A BUSINESS ENTITY | MINET DE DÉCIR          | TEDED AND ACTIVE WITH TH   | וופ סבבוליב                                 |
|  |   | MAY NOT be changed on the for  |                         |  |   |
| 12.  | GÉNERAL PARTI   | VER INFORMATION  |                         |  |   |
| DOCUMENT #                                   | 535380  | · · · · · · · · · · · · · · · · · · ·  |                         | ,  |   |
| NAME<br>STREET ADDRES                        | PACKERS ACQUISITION CO<br>\$ 1601 MCCLOSKEY BOULEVA                           | NRD  | -                       |  |   |
| CITY-ST-ZIP                                  | TAMPA, FL 33605   |  |                         | <i>ት ትርዝግ ር</i> ብርና  | ACATOCOA                                    |
| DOCUMENT #                                   |   |  |                         | יטעטטט<br>707,777/10   | 0602650<br>-80038-013 1143.75               |
| NAME<br>STREET ADDRES                        |   |  |                         | ~41 E~ O!  | manufacture acceptant to a state that       |
| CITY-ST-ZIP                                  | 9   |  |                         |  |   |
| BOCUMUNT #                                   |   | · · · · · · · · · · · · · · · · · · ·  |                         |  |   |
| NAME<br>STREET ADORES                        | 5   |  |                         | DO NOT W   | RITE  |
| City-ST-ZIP                                  |   | , , 🗸  |                         |  |   |
| DOCUMENT #                                   |   | * +  |                         | IN THIS SP   | ACE   |
| NAME<br>STREET ADDRESS                       | 9   |  |                         |  |   |
| CITY-ST-ZIP                                  | <b>~</b>  |  |                         |  |   |
| CITY-ST-20P  DOCUMENT#  NAME  STREET ADDRESS |   |  |                         | the state of the s | *** · · · · · · · · · · · · · · · · · ·     |
| NAME   |   | ,  |                         |  |   |
| STREET ADDRES                                | °   | •  |                         |  |   |
| DOCUMENT #                                   |   |  |                         |  |   |
| DOCUMENT #                                   |   |  |                         |  |   |

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions confained 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

SIGNATURE: .

DOCUMENT# NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CRY-ST-ZIP

CHATURE AND PHPED OR PRINTED NAME OF SIGNING GENERAL PARTNER