2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A99000000092

Name: XOF ENTERPRISES, INC.

City-St-Zip: ATLANTIS, FL 33462

Address:

121 TURNBERRY DRIVE

Entity Name: XOF ENTERPRISES LIMITED PARTNERSHIP

FILED Apr 07, 2007 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|-------------------------------------------|--|
| 121 TURNBERRY DRIVE ATLANTIS, FL 33462 | | | | |
| Current Mailing Address | : | New Mailing Address | :: | |
| 121 TURNBERRY DRIVE ATLANTIS, FL 33462 | | | | |
| FEI Number: 65-0886522 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address o | Name and Address of New Registered Agent: | |
| ENGELBERG, MORRIS C/O M. ENGELBERG AND 4040 SHERIDAN STREET HOLLYWOOD, FL 33021 | • | | | |
| The above named entity su in the State of Florida. | ubmits this statement for the pu | rpose of changing its registered | d office or registered agent, or both | |
| SIGNATURE: | | | | |
| Electronic | Signature of Registered Ager | nt | Date | |
| GENERAL PARTNER INFORMA | ATION: | ADDRESS CHANGES ONL | Y : | |
| Document #: P98000108009 | | | | |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT M. COLLINS M.D. 04/07/2007