2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2007 Feb 08, 2007 08:00 AM **DOCUMENT #A99000000591 Secretary of State** 1. Entity Name J.A. PARKER FAMILY PARTNERSHIP, LTD. Principal Place of Business Mailing Address 9709 NAVARRE PARKWAY P.O. BOX 945 NICEVILLE, FL 32588-0945 NAVARRE, FL 32566 01112007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3583961 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent PARKER, JAMES A DO NOT WRITE 9709 NAVARRE PARKWAY NAVARRE, FL 32566 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 Signature, typod or printed name of registered agent and title if applicable. DATE FILE NOWILL FEE IS \$500.00 U00000628382 After May 1, 2007, Fee will be \$900.00 /16/07-80013-003 500.00 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. P97000090698 DOCUMENT# J.A. PARKER CONSTRUCTION, INC. NAME STREET ACCRESS 9709 NAVARRE PARKWAY CITY-ST-ZIP NAVARRE, FL 32566 DOCUMENT# NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-7IP IN THIS SPACE DOCUMENT# NAME STREET ADDRESS CITY-ST-7IP DOCUMENT

14. I hereby certily that the Information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certification in the contained in Chapter 119, Florida Statutes. I further certification in the contained in Chapter 119, Florida Statutes. I further certification in the contained in Chapter 119, Florida Statutes. I further certification in the contained in Chapter 119, Florida Statutes. I further certification in the contained in Chapter 119, Florida Statutes. I further certification in the contained in Chapter 119, Florida Statutes. I further certification in the contained in Chapter 119, Florida Statutes. I further certification in the contained in the con indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a General Part or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT#

STREET ADDRESS CITY-ST-ZIP