2008 LIMITED PARTNERSHIP ANNUAL REPORT

STAPLE CHECK HERE

SIGNATURE:

FILED Mar 18, 2008 08:00 A Secretary of State

Daytime Phone #

Applied For Not Applicable

	Due By I	Secretary of S				
DOCUMENT # A9900001083 1. Entity Name F.P. SHONE SC, LTD.						
	Principal Place of Business 925 SOUTH FEDERAL HWY SUITE 425	Mailing Address P.O. BOX 11229 KNOXVILLE, TN 37939				
	BOCA RATON, FL 33432			01222008 No Chg-LP	CR2E003 (54 18188 MAIBAI BA 1884
	DO NOT WRIT	E IN THIS SPA	ACE:	4. FEI Number 65-0934993	,	Applied Fo
	6. Name and Address of Curre	nt Registered Agent		5. Certificate of Status Desired		75 Additional Required
	BLALOCK, LANDERS, WALTERS & VO 802 11TH STREET WEST	OGLER, P.A.		DO NOT W	RITE	

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	named entity submits this statement for the purpose of changing its registe ons of registered agent.	red office or registered agent, or both, in the State of Florid	a. I am familiar with, and accept					
SIGNATURE —								
SIGNATURE 3	Signature, typed or printed name of registered agent and tille if applicable.	DATE						
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	00000085 04/03/08-80	32692 0059-011 500.00 -					
	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.							
12.	GENERAL PARTNER INFORMATION							
	P9900058177							
	F.P. SHONE CORP. 925 SOUTH FEDERAL HWY SUITE 425							
	BOCA RATON, FL 33432							
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14. I hereby ce	artify that the information supplied with this filing does not qualify for the e	exemptions contained in Chapter 119, Florida Statutes. I fu	rther certify that the information					
indicated or or the recei	ertify that the information supplied with this filing does not qualify for the e on this report is true and accurate and that my signature shall have the sam iver or trustee empoyed to ejecute this report as required by Chapter 62	ne legal effect as if made under oath; that I am a Genera) F 20, Florida Statutes	'artner of the limited partnership					
CICNIATI	Steven Lev	in, Vice President (5	561) 948-7100					

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER