


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 12 PM 4:52

| | |
|--|---|
| DOCUMENT # A99000001148 1. Entity Name EVERS ENTERPRISES, LLLP |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 18650 HIGHWAY 441 MOUNT DORA, FL 32757 | Mailing Address 18650 HIGHWAY 441 MOUNT DORA, FL 32757 |
|--|--|

DO NOT WRITE IN THIS SPACE



04042008 No Chg-LP CR2E003 (12/06)

| | |
|---|--|
| 4. FEI Number 59-3585322 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**LUDECKE, CARL R
18650 HWY 441
MOUNT DORA, FL 32757**

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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.

| 12. GENERAL PARTNER INFORMATION | |
|---------------------------------|-----------------------------------|
| DOCUMENT # | |
| NAME | EVERS, CLARA R TRUSTEE |
| STREET ADDRESS | 18650 HWY 441 |
| CITY - ST - ZIP | MT DORA, FL 32757 |
| DOCUMENT # | |
| NAME | CLARA R EVERS FAMILY TRUST |
| STREET ADDRESS | 18650 HWY 441 |
| CITY - ST - ZIP | MT DORA, FL 32757 |
| DOCUMENT # | |
| NAME | LUDECKE, CARL R |
| STREET ADDRESS | 18650 HWY 441 |
| CITY - ST - ZIP | MT DORA, FL 32757 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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04/25/08--01052--001 **500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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.

SIGNATURE:  **5/5/08** **352-383-4104**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #