2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

FILED DOCUMENT # A9900001445 Feb 28, 2007 08:00 AM Secretary of State 1. Entity Name THE MILDRED CLEMENTS FAMILY LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address 595 CLEMENTS ROAD FERNANDINA BEACH FL 32034 595 CLEMENTS ROAD FERNANDINA BEACH FL 32034 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/06) City & State City & State 4. FEI Number Applied For 59-3600006 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOMASSETTI, A. JEFFREY ESQ. Street Address (P.O. Box Number is Not Acceptable) 406 ASH STREET FERNANDINA BEACH FL 32035-1443 Zip Code 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, typed or printed name of registered agent and title it applicable DATE FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State. 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 ADDRESS CHANGES ONLY DOCUMENT # STRUET ADDRESS NAME CLEMENTS, MILDRED V STREET ADDRESS 595 CLEMENTS ROAD CITY-SI-7/P 03/07/07-80072-003 50**0.00** CITY-ST-ZIP FERNANDINA BEACH FL 32034 DOCUMENT # STREET ADDRESS BURKETT, ERNIE F STREET ADDRESS 595 CLEMENTS ROAD CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 DOCUMENT # STREET ADDRESS NAME STRUCT ADDRESS CATY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-71P CITY-S1-ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 14. I horeby 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, Fiorida Statutes