2008 LIMITED PARTNERSHIP ANNUAL REPORT

May 05, 2008 08:00 AN Secretary of State Due By May 1, 2008 DOCUMENT # A99000002026 CHUĆK CLARY FAMILY ENTERPRISES, LTD. Principal Place of Business Mailing Address P.O. BOX 778 P.O. BOX 778 SHALIMAR, FL 32579 SHALIMAR, FL 32579 DO NOT WRITE IN THIS SPACE 01172008 No Chg-LP CR2E003 (12/06) Applied For 4. FEI Number 59-3630600 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FOSTER, WILLIAM SCOTT DO NOT WRITE 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH, FL 32547 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 age FILE NOWAT 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # P99000090156 HAME **CWC CORPORATION** STREET ADDRESS P.O. BOX 778 CITY-ST-ZIP SHALIMAR, FL 32579 DOCUMENT # MAME STREET ADDRESS CITY-ST-ZIP MAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # HAME STREET ADDRESS CITY-ST-7IP DOCUMENT & MAME STREET ADDRESS

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:

CITY ST-ZIP **DUCUMENT #** NAME STREET ADDRESS

FILED