2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2008

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FILED Feb 01, 2008 08:00 AN DOCUMENT # A9900002095 Secretary of State 1. Entity Name LINGER LONGER LIMITED PARTNERSHIP Principal Place of Business Mailing Address 195 N WASHINGTON AVE 195 N WASHINGTON AVE MADISON FL 32340 MADISON FL 32340 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite Apt #, etc. Suite, Apt, #, etc. 1st MOORE CR2E003 (10/07) City & State City & State Applied For 4. FEI Number 59-3613121 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEGGS, THOMAS J III Street Address (P.O. Box Number is Not Acceptable) 195 N WASHINGTON AVE MADISON FL 32340 Zip Cude 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. Sicreture, typed or printed name of registored agent and life £ apolicable FILE NOW!!! Fee is \$500. *** After May 1, 2008, 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 • P96000102947 STRUET ADDRESS NAME T.J. BEGGS AND COMPANY, INCORPORATED STREET ADDRESS 106 SOUTH RANGE STREET CITY-ST-ZiP CITY-ST-ZIP MADISON FL 32340 U00000812209 DOCUMENT * 02/12/08-80037-009 500.00 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET LADDRESS CITY-S1-ZIP CITY-ST-7/P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CIFY-ST-7F DOCUMENT # STREET ADDRESS MAME STREET ADORESS CITY-SI-ZIP CITY-ST-ZIP DOCUMENT # STREET ACCRESS MALLE STREET ADDRESS CITY-ST-ZIP CITY ST-7/9

14. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is due 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

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