2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED **DOCUMENT # A99000002193** 1. Entity Name CASSEL FAMILY INVESTMENTS, LTD. 08 FEB -8 PM 3:40 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 5995 SW 97TH STREET 5995 SW 97TH STREET MIAMI, FL 33156 MIAMI, FL 33156 01282008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0968865 Not Applicable 5. Certificate of Status Desired Name and Address of Current Registered Agent David Cassel 5995 SW 97th St. Miami, FL 33156-2061 DO NOT WRITE CASSEL, DÁVID 56 SAMMA DR. MIAML/FL 33133 IN THIS SPACE 8. The above named epity 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 SIGNATURE 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 GENERAL PARTNER INFORMATION 12. DOCHMENT # NAME CASSEL, DAVID TRUSTEE STREET ADDRESS 56 SAMANA DRIVE CITY-ST-ZIP MIAMI, FL 33133 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCHMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP 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: