2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED DOCUMENT # B00000000292 07 JUL -6 PM 3: 25 FSI, LTD., A CALIFORNIA LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE FLORIDA Mailing Address Principal Place of Business 3800 VIA PESCADOR P.O. BOX 1305 CAMARILLO, CA 93012 CAMARILLO, CA 93011 04102007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 95-3711131 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BOYLE, CONRAD J ESQ. 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE, FL 33394 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 # F00000005350 E.B.K. ENTERPRISES, INC. NAME STREET ADDRESS 3800 VIA PESCADOR CITY-ST-ZIP CAMARILLO, CA 93011 100105866581 07/10/07--01039--005 **1350.00 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP

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 eath; 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:

DOCUMENT # NAME STREET ADDRESS CITY-"ST-ZIP

ATURE AND TYPES OR PRINTED NAME OF SIGNING GENERAL PARTNER

RICHARD KANNER