


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Jan 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B02000000406</b> 1. Entity Name <b>EAKES INVESTMENT COMPANY, LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>PO BOX 149 KURE BEACH, NC 28449</b>	Mailing Address <b>PO BOX 149 KURE BEACH, NC 28449</b>
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**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-LP

CR2E003 (12/06)

4. FEI Number <b>56-1077474</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>FORMAN, ROBERT S ESQ. 2101 WEST COMMERCIAL BLVD., STE. 4100 FT LAUDERDALE, FL 33309</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

U000000805221

1/25/08 08:00:00 019 500.00

**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 # NAME STREET ADDRESS CITY-ST-ZIP	F02000006093 PLEASANT CARE, INC. PO BOX 149 KURE BEACH, NC 28449
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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:** *Susan W. Stevenson, Secretary*  
*Susan W. Stevenson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*1/25/08* *910-458-6689*  
Date Daytime Phone #

STAPLE CHECK HERE