2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B0400000081

8871 FOUNTAIN LANE

MAPLE GROVE, MN 55369

Address: City-St-Zip:

Entity Name: EIKILL REALTY LIMITED PARTNERSHIP

FILED Jan 20, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|--|--|----------------------------------|---|-------------------------------------|
| | AVE. DR. WE ON, FL 34209 | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| | AVE. DR. WE ON, FL 34209 | | | |
| FEI Number: | 41-1755611 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| | BERT AVE. DR. WE ON, FL 34209 | ="=" : | | |
| The above in the State | | submits this statement for the p | purpose of changing its registered | office or registered agent, or both |
| SIGNATUR | RE: | | | |
| | Electror | ic Signature of Registered Ag | ent | Date |
| GENERAL PARTNER INFORMATION: | | | ADDRESS CHANGES ONLY: | |
| Document #: Name: Address: City-St-Zip: Document #: Name: | EIKILL, ROBER 7704 19TH AVE BRADENTON, I | E. DR. WEST FL 34209 | Address: City-St-Zip: | |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT EIKILL GEN 01/20/2009