


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

2008 APR -9 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT #B04000000304			
1. Entity Name FLYING COLORS GROUP L.P.			
Principal Place of Business 460 W. 5TH STREET SAN PEDRO, CA 90731		Mailing Address 460 W. 5TH STREET SAN PEDRO, CA 90731	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BANISTER, JOHN 1555 PALM BEACH LAKES BLVD., SUITE 416 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name <u>SUSANNE SCALAMANDRE-DeJager</u> Street Address (P.O. Box Number is Not Acceptable) <u>215 SE 10th Circle</u> City <u>Baynton Bch</u> FL Zip Code <u>33435</u>	
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 <u>Susanne Scalamandre-DeJager</u> DATE <u>3-25-08</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>			
<p align="center">FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00</p> <p align="center">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.</p>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F04000003975	STREET ADDRESS	<u>300122041343</u>
NAME	WAMPANOAG, INC.	CITY-ST-ZIP	<u>04/03/08--01034--002 **500.00</u>
STREET ADDRESS	460 W. 5TH STREET		
CITY-ST-ZIP	SAN PEDRO, CA 90731		
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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 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: <u>[Signature]</u>		Date <u>3/28/08</u> Daytime Phone # <u>310-548-5038</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

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