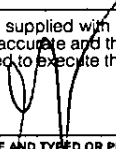


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 11 AM 10:01

DOCUMENT # B04000000378					
1. Entity Name FOWLER, RODRIGUEZ, VALDES-FAULI, FLINT, GRAY MCCOY, SULLIVAN AND CARROLL LLP					
Principal Place of Business 400 POYDRAS STREET, 30TH FLOOR NEW ORLEANS, LA 70130			Mailing Address 355 ALHAMBRA CIRCLE, SUITE 801 CORAL GABLES, FL 33134 0		
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	4. FEI Number 72-1113170	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REGISTERED AGENT CORPORATE SERVICES INC 800 DOUGLAS ROAD, SUITE 680 CORAL GABLES, FL 33134			Name REGISTERED AGENT CORPORATE SERVICES INC. Street Address 355 Alhambra Circle, Suite 801 City Coral Gables, FL 33134		
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 4/1/2008	
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					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	300122771303	
STREET ADDRESS	FOWLER, GEORGE J III		CITY-ST-ZIP	04/10/08--01004--008 **500.00	
CITY-ST-ZIP	400 POYDRAS STREET, 30TH FLOOR NEW ORLEANS, LA 70130				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	RODRIGUEZ, ANTONIO J		CITY-ST-ZIP		
CITY-ST-ZIP	400 POYDRAS STREET, 30TH FLOOR NEW ORLEANS, LA 70130				
DOCUMENT #	NAME		STREET ADDRESS		
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DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
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: 				Date 4/1/2008 Daytime Phone # 504-523-2600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE