2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

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SIGNATURE:

FILED DOCUMENT # B05000000075 08 JAN 29 PM 2: 59 1. Entity Name GIVENS INVESTMENTS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1365 COOPER DRIVE 1365 COOPER DRIVE LEXINGTON, KY 40502 LEXINGTON, KY 40502 Mailing Address , D. 130X 1485 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 Chg-LP CR2E003 (12/06) Applied For City & State 4. EEL Number 52-2447363 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GIVENS, AMBROSE W JR Street Address (P.O. Box Number is Not Acceptable) 2161 MCCOYS CREEK BOULEVARD JACKSONVILLE, FL 32202 City Zip Code 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. DATE 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME GIVENS, AMBROSE W 1365 COOPER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEXINGTON, KY 40502 900115895399 DOCUMENT # M05000000883 01/23/08--01032--013 **500.00 STREET ADDRESS GIVENS MANAGEMENT, LLC NAME STREET ADDRESS 1365 COOPER DRIVE CITY-ST-ZIP CITY-ST-ZIP LEXINGTON, KY 40502 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP OOCUMENT # STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY - S1 - 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