2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SECRETARY OF STAFE **DOCUMENT # B07000000138** TALLAHASSEE, FLORIDA JAMÉSTOWN BSP/I-DRIVE LP 08 MAR 26 AM 8: 05 Principal Place of Business Mailing Address C/O JAMESTOWN C/O JAMESTOWN 3625 CUMBERLAND BLVD., 12TH FLOOR 3625 CUMBERLAND BLVD., 12TH FLOOR ATLANTA, GA 30339 ATLANTA, GA 30339 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 20-8920609 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION COMPANY OF ORLANDO 300 S. ORANGE AVE., SUITE 1000 (MJG) Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32801 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 Signature, typed or printed name of registerest 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 ADDRESS CHANGES ONLY 13. DOCUMENT # F06000007714 STREET ADDRESS JAMESTOWN PROPERTIES CORP. STREET ADDRESS 3625 CUMBERLAND BLVD., 12TH FLOOR CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 30339 L07000042903 DOCUMENT # 4390 Belle Oaks Drive STREET ADDRESS BSP/I-DRIVE GP, LLC Suite 320 STREET ADDRESS 250 PARK AVENUE SOUTH, SUITE 2007 Charleston, SC 29405 CITY-ST-ZIP CITY-\$1-ZIP WINTER PARK, FL 32789 000121199540 DOCUMENT # STREET ADDRESS 03/25/08--01023--013 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 843-853-2171 SIGNATURE: .

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