2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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FILEU SECRETARY OF STATE DOCUMENT # B93000000112 DIVISION OF CORPORATIONS **BUCKEYE FLORIDA, LIMITED PARTNERSHIP** 07 FEB 14 AM 9: 54 Principal Place of Business Mailing Address ONE BUCKEYE DRIVE ATTN; LEGAL DEPT. P.O. BOX 80407 PERRY, FL 32347-9512 MEMPHIS, TN 38112 3. Mailing Address Attn: Legal Dept. 2. Principal Place of Business - No P.O. Box # 1001 Tillman Street Suite, Apt. #, etc. Suite, Apt. #, etc. 01192007 Chg-LP CR2E003 (12/06) Applied For City & State 4. FEI Number City & State Memphis, TN38112-2096 59-3161530 Not Applicable Country Zip \$8.75 Additional Zip Country 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 SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. F93000000388 DOCUMENT # STREET ADDRESS **BUCKEYE FLORIDA CORPORATION** STREET ADDRESS 1001 TILLMAN ST CITY-ST-ZIP MEMPHIS, TN 38108 CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS 02/20/07--01031--025 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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

General Partner

AND YPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Y OF ITS

1/26/07

(901) 320-8409

Daytime Phone #