


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # B97000000498**

1. Entity Name  
**WHITNEY LABS, L.P.**



Principal Place of Business  
**1095 N. US HWY. 1, SUITE 1 - 4  
 ORMOND BEACH, FL 32174**

Mailing Address  
**14050 TOWN LOOP BLVD.  
 SUITE 204  
 ORLANDO, FL 32837**

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>58-2341211</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GALLAGHER, T. MARK  
 14050 SOUTH TOWN LOOP BLVD.  
 STE. 204  
 ORLANDO, FL 32837**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
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	
DOCUMENT #	<b>B97000000489</b>
NAME	<b>COLONIAL GP, L.P.</b>
STREET ADDRESS	<b>70 MAIN STREET</b>
CITY-ST-ZIP	<b>NEW CANAAN, CT 06840</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000781333  
 01/15/08-80030-021 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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:** T. Mark Gallagher **1/8/07** **(407) 351-7080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #