


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
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-LP CR2E003 (12/06)

4. FEI Number 58-2341211	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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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 #	B97000000489
NAME	COLONIAL GP, L.P.
STREET ADDRESS	70 MAIN STREET
CITY-ST-ZIP	NEW CANAAN, CT 06840
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

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

STAPLE CHECK HERE

SIGNATURE: <u>T. Mark Gallagher</u>	Date: <u>1/8/07</u>	Daytime Phone #: <u>(407) 351-7080</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>

DO NOT WRITE IN THIS SPACE