2008 LIMITED PARTNERSHIP ANNUAL REPORT ___Due By May 1, 2008

DOCUMENT # B97000000498

1. Entity Name WHITNEY LABS, L.P.

Principal Place of Business

Mailing Address

1095 N. US HWY. 1, SUITE 1 - 4 ORMOND BEACH, FL 32174

14050 TOWN LOOP BLVD. SUITE 204 ORLANDO, FL 32837

FILED Jan 11, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

01042008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 58-2341211 Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

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 acc	ept
	the obligations of registered agent.	
0	NATI DE	

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

U00000781333 01/15/08-80030-021 500.00

DO NOT WRITE IN THIS SPACE

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(407) 351–7080

Daytime Phone #