2008 FOR PROFIT CORPORATION

ANNUAL REPORT **FILED** Apr 10, 2008 08:00 A Secretary of State **DOCUMENT # P97000106337** 1. Entity Name EQUITY INVESTORS GENERAL PARTNER, INC. Principal Place of Business Mailing Address P.O. BOX 16167 P.O. BOX 16167 MOBILE, AL 36616 US MOBILE, AL 36616 US CR2E034 (11/05) No Chg-P 04042008 DO NOT WRITE IN THIS SPAC Applied For 4. FEI Number 63-1189874 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PORTELLA, PETE 10562 EMERALD COAST PARKWAY, SUITE 200 DESTIN, FL 32550 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. Signature, typed or printed name of registered agent and title if applicable (NO1E Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BURTON, J R 165 N BELTLINE HWY STREET ADDRESS CITY-ST-ZIP MOBILE, AL 36608 THILE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP DITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all out like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR