2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS Due By May 1, 2006 DOCUMENT # A0400000746 06 MAR 17 AM 10: 20 TWO CORNERS LIMITED PARTNERSHIP, LLLP Principal Place of Business Mailing Address P.O. BOX 9005 4622 GALL BLVD. ZEPHYRHILLS, FL 33541-6237 ZEPHYRHILLS, FL 33539-9005 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired -- Fee Required ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LINVILE, LOIS R Street Address (P.O. Box Number is Not Acceptable) 4622 GALL BLVD. ZEPHYRHILLS, FL 33541-6237 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, 2006, 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. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME LINVILLE, LOIS R STREET ADDRESS P.O. BOX 9005 CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS, FL 335399005 DOCUMENT # STREET ADDRESS LINVILLE, TERRY NAME 700059076567 03/31/06--01005--010 **500.00 STREET ADDRESS P.O. BOX 9005 CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS, FL 335399005 DOCUMENTY STREET ADDRESS NAME LINVILLE, DANNY STREET ADDRESS P.O. BOX 9005 CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS, FL 335399005 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-St-7iP CITY-ST-ZIP

14. I Nereby certify that the information supplied with this filling 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \

DOCUMENT /

CITY-ST-:ZIP

NAME STREET ANDRESS

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER LOIS. R. LINYILL

813.182.1521