2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Apr 11, 2007 08:00 A Secretary of State **Due By May 1, 2007 DOCUMENT # A04000000938** INTELLIFLEX - DANIELS PARKWAY, LTD. Principal Place of Business Mailing Address 6530 WEST ROGERS CIRCLE, STE. 31 6530 WEST ROGERS CIRCLE, STE. 31 BOCA RATON, FL 33487 BOCA RATON, FL 33487 01242007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1261416 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEDER, SEAN M DO NOT WRITE 6530 WEST ROGERS CIRCLE, STE. 31 BOCA RATON, FL 33487 IN THIS SPACE 8. The above named entity submits this sta ement of 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, typed or printed name of regist FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 # NAME EBE INTELLIFLEX - DANIELS PARKWAY GP, LLC STREET ADDRESS 6530 WEST ROGERS CIRCLE, STE. 31 CITY-ST-ZIP BOCA RATON, FL 33487 DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY - ST - ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY - ST ZIP DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP DOCUMENT # NAME

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:

STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #