## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006 DOCUMENT # A05000001119 1. Entity Name ORCHID ISLAND FORT MYERS, LTD. Principal Place of Business 1550 N.E. MIAMI GARDENS DRIVE, SUITE 405 NORTH MIAMI BEACH, FL 33179 Mailing Address 1550 N.E. MIAMI GARDENS DRIVE, SUITE 405 NORTH MIAMI BEACH, FL 33179 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Zip Country Zip Country FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS OR APR 24 AM IO: 40 SECRETARY OF STATE DIVISI

| Suite, Apt. #, etc.  |   |                                   | Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |  | 04042006                                      | Chg-LP                           | CR2E00                      | 3 (11/05)                     |
|--|---|-----------------------------------|--|---------------------|--|---|----------------------------------|-----------------------------|-------------------------------|
| City & Stat  | le  | *                                 | City & State                                   | City & State        |  |   | 144619                           | <del></del>                 | Applied For<br>Not Applicable |
| Zip  |   | Country                           | Zip  | Coun                | itry   | 5. Certificate of Status Desired Fee Required |                                  |                             |                               |
| 6. Name and Address of Current Registered Agent                              |   |                                   |  |                     | 7. Name and Address of New Registered Agent  |   |                                  |                             |                               |
| ROUSSO, MARK E ESQ.<br>18851 N.E. 29TH AVE., SUITE 900<br>AVENTURA, FL 33180 |   |                                   |  |                     | Name RON David Son.  Street Address (P.O. Box Number is Not Acceptable) ISSO NE Miami Gurdens Dr. #200 |   |                                  |                             |                               |
|  |   |                                   |  |                     | Minan  | m. Black FL 33/79                             |                                  |                             |                               |
| 8. The above   | named entity  | submits this statemen             | t for the purpose of changin                   | g its register      |  |   | , in the State of Flo            | orida. Lam fai              |                               |
| SIGNATURE  | Signature typed   |                                   | ent and title it applicable                    | •••                 |  | <u> </u>                                      | 4                                | 16/06<br>DATE               |                               |
| <u></u>  |   |                                   | 0W!!! FEE IS \$500.0<br>, 2006, Fee will be \$ |                     |  |   |                                  |                             |                               |
|  | A G<br>NOTE:  | ENERAL PARTNER General Partners I | R THAT IS A BUSINESS<br>WAY NOT be changed o   | ENTITY M            | IUST BE REG<br>i; an amendr  | SISTERED AND A                                | CTIVE WITH TH<br>I to change a g | IIS OFFICE.<br>eneral partr | ner.                          |
| 12. GENERAL PARTNER INFORMATION  |   |                                   |  |                     | 13. ADDRESS CHANGES ONLY   |   |                                  |                             |                               |
| DOCUMENT #   | L05000059<br>ORCHID IS  | 5919<br>SLAND GENERAL, I          | LLC  | STRE                | EET ADDRESS  |   |                                  |                             |                               |
| STREET ADDRESS<br>CITY-ST-ZIP  | 1550 N.E. MIAMI GARDENS DRIVE, SUITE 205<br>NORTH MIAMI BEACH, FL 33179 |                                   |  |                     | -ST-ZIP  |   |                                  |                             |                               |
| DOCUMEN1 ≠<br>NAME   |   |                                   |  | STRE                | EET ADDRESS  |   | 00074                            |                             | 196<br>**500.00               |
| STREET ADDRESS<br>CITY ST-ZIP  |   |                                   |  | CITY                | -S1-ZIP  | <b>US/U</b> S                                 | <b>70</b> 50104                  | 3018-                       | **500.00                      |
| DOCUMENT #<br>NAME   |   |                                   |  | STRE                | EET ADDRESS  |   |                                  |                             |                               |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |                                   |  | CITY                | -ST-ZIP  |   |                                  |                             |                               |
| DOCUMENT #<br>NAME   |   |                                   |  | STRE                | ET ADDRESS   |   |                                  |                             |                               |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |                                   |  | CITY                | -ST-ZIP  |   |                                  |                             |                               |
| DOCUMENT #<br>NAME   |   |                                   |  | STRE                | ET ADDR <del>E</del> SS  |   |                                  |                             |                               |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |                                   |  | CITY                | -ST-ZIP  |   |                                  |                             |                               |
| DOCUMENT ≠<br>NAME   |   |                                   |  | STRE                | ET ADDRESS   |   |                                  | -                           |                               |
| STREET ADDRESS   |   |                                   |  |                     |  |   |                                  |                             |                               |

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 exempt this report as required by Chapter 620, Florida Statutes

CITY - ST - ZIP

SIGNATURE:

CITY ST-ZIP

STAPLE CHECK HERE

TON DATING FOR ORIGINATION SEPTIME LE 4/5/06 1301/91