2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

FILED DOCUMENT # A19049 May 02, 2006 08:00 AN Secretary of State 1. Entity Name FIRST COAST PROPERTIES LIMITED Principal Place of Business Mailing Address 1826 WATERBURY LANE POST OFFICE BOX 953 ORANGE PARK FL 32067-0953 **ORANGE PARK FL 32003** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (10/05) 1st MOORE City & State Applied For City & State 4. FEI Number 59-2488372 Not Applicable Zip Country Zip 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 EDDY, PAUL F. Street Address (P.O. Box Number is Not Acceptable) 1826 WATERBURY LANE ORANGE PARK FL 32003 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. 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 ADDRESS CHANGES ONLY 13. 12. DOCUMENT # STREET ADDRESS NAME EDDY, PAUL F. STREET ADDRESS 1826 WATERBURY LANE CITY-ST-ZIP 11000000558726 CITY-ST-ZIP ORANGE PARK FL 05/17/06-80109-001 508.7**5** DOCUMENT # STREET ADDRESS NAME EDDY, VIRGINIA STREET ADDRESS 1826 WATERBURY LANE CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CMY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby 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

IRGINA Eddy

ATURE AND TYPED OR PRINTING NAME OF SIGNING GENERAL PARTNER

SIGNATURE: