

FILED
Mar 27, 2006 08:00 AM
Secretary of State

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A96000002012 1. Entity Name SPRING VALLEY FINANCING PARTNERSHIP, LTD.	
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Principal Place of Business % HARRIS CRAMER LLP 1555 PALM BEACH LAKES BLVD., STE. 310 WEST PALM BEACH, FL 33401	Mailing Address % HARRIS CRAMER LLP 1555 PALM BEACH LAKES BLVD., STE. 310 WEST PALM BEACH, FL 33401
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01052006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0705343	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARRIS CRAMER LLP 1555 PALM BEACH LAKES BLVD., STE. 310 WEST PALM BEACH, FL 33401	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____	DATE _____
Signature typed or printed name of registered agent and fee if applicable	

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.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P96000079941
NAME	SPRING VALLEY GENERAL PARTNER, INC.
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., STE. 310
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000481883
 04/11/06-80053-009 508.75

DO NOT WRITE
IN THIS SPACE

STAPLE CHECK HERE

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	3/1/06 <small>Date</small>	905-882-1212 <small>Daytime Phone #</small>
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By: **Fabrizio Lucchese, Vice President**