2006 LIMITED PARTNERSHIP ANNUAL REPORT FILED **Due By May 1, 2006** May 10, 2006 08:00 AN Secretary of State DOCUMENT # A97000001149 1. Entity Name THE ROUBICEK FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address P.O. BOX 950 1391 SALVADORE COURT MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34146 01092006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0777034 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHWEIKHARDT, WILLIAM DO NOT WRITE 900 SIXTH AVENUE SOUTH, SUITE 203 NAPLES, FL 34102 IN THIS SPACE 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 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. 12. GENERAL PARTNER INFORMATION DOCUMENT # P00000055510 ROUBICEK MANAGEMENT COMPANY, INC. NAME STREET ADDRESS P.O. BOX 950 MARCO ISLAND, FL 34146 CITY-ST-ZIP DOCUMENT / NAME U00000563889 05/20/06-80030-015 500.00 STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

4. 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:

DOCUMENT / NAME
STREET ADDRESS
GITY-ST-ZIP
DOCUMENT / NAME
STREET ADDRESS
GITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/12/06

Daytime Phone #