2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## `FILED SECRETARY OF STATE **DOCUMENT # A97000002799** DIVISION OF CORPORATIONS 1. Entity Name MITCHELL HOLDINGS, LTD. 06 MAR 17 AM 10: 22 Principal Place of Business Mailing Address 4051 GULF SHORE BLVD. NORTH 4051 GULF SHORE BLVD. NORTH PH 202 PH 202 NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082006 Chg-LP CR2E003 (11/05) Applied For City & State City & State 4. FELNumber 59-3483010 Not Applicable Zip Country 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 Name BURKE, WILLIAM M ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O BOND, SCHOENECK & KING, P.A. 1167 THIRD STREET SOUTH, SUITE 107 NAPLES, FL 34102 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 it 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCHMENT # STREET ADDRESS MITCHELL, GERALD M NAME STREET ADDRESS 4051 GULF SHORE BLVD. NORTH, PH 202 700069069487 <del>/30/36-01067-032 \*\*500.0</del>0 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34103 DOCUMENT # STREET ADDRESS NAME MITCHELL, MARILYN E STREET ADDRESS 4051 GULF SHORE BLVD. NORTH, PH 202 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34103 DOCUMENT # STREET ADDRESS NAMÉ STREET ADDRESS CITY-ST-7IP CITY-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 STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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