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

CHECK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED Apr 25, 2006 08:00 AN Secretary of State DOCUMENT # A97000002945 1. Entity Name OCEAN RIDGE INVESTMENTS, LTD. Principal Place of Business Mailing Address 6110 NORTH OCEAN BLVD., UNIT 37 6110 NORTH OCEAN BLVD., UNIT 37 **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) Applied For City & State 4. FEI Number City & State 65-0800962 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 hyped or printed name of registered agent and little 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. DECUMENT # F97000006936 STREET ADDRESS BKK FINANCIAL, INC. NAME 2810 WILLOW LAKE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-S7-789 INDIANAPOLIS IN 46268 DOCUMENT # STREET ADDRESS NAME U0D000532976 STREET ADDRESS 05/06/06-80105-010 500.00 CITY - ST - ZIP CITY-ST-ZIP DOC: WE'NT STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SI ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY -ST-ZH DOCUMENT # STREET ADDRESS 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. Fluriher 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

Secretary