2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Due By May 1, 2006 Apr 24, 2006 08:00 AN Secretary of State **DOCUMENT # A98000002875** t. Entity Name LARK PROPERTIES, LTD. Principal Place of Business Mailing Address 11500 - 47TH STREET, NO. 11500 - 47TH STREET, NO. CLEARWATER, FL 33762 CLEARWATER, FL 33762 01122006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-7139350 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HINES, JAMES P ESQ. DO NOT WRITE HINES & ASSOCIATES, P.A. 315 S. HYDE PARK AVENUE IN THIS SPACE TAMPA, FL 33606 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. DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE 18 \$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 12. L98000003415 DOCUMENT # LARK PROPERTY MANAGEMENT, LLC NAME 11500 - 47TH STREET, NO. STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33762 DOCUMENT # MAME STREET ADDRESS CITY-ST-ZIP U00000533312 DOC! MENT # DO NOTS 1103-024 500.do NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCHMENT # NAME STREET ADDRESS 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

SIGNATURE:

DOCUMENT *
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT *
NAME
STREET ADDRESS
CITY-ST-ZIP

Jun Sauf Envaro G KAUPLA

4/27/06

727-573-2323 Daytime Phone *