2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK

SIGNATURE:

Feb 03, 2006 08:00 AM DOCUMENT # A9900000196 **Secretary of State** 1. Entity Name SERENDIPITY PRODUCTIONS LIMITED PARTNERSHIP Principal Place of Business 1602 3RD AVENUE, YBOR CITY Malling Address 1602 3RD AVENUE, YBOR CI TAMPA, FL 33605 TAMPA, FL 33605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. 02072006 Cha-LP CR2E003 (11/05) City & State City & State Applied For 4. FEI Number 59-3640040 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GROSS, ROCHELLE Street Address (P.O. Box Number is Not Acceptable) 1602 3RD AVENUE, YBOR CITY **TAMPA, FL 33605** City Zip Code 5. 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 FILE NOWILL 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 13. ADDRESS CHANGES ONLY 12. H21559 DOCUMENT # STREET ADDRESS NAME ROAL GROUP, INC. 02/13/06-80080-003 500.00 1602 3RD AVENUE, YBOR CITY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33605 DOCUMENT # STREET ADDRESS NAME GROSS, ROCHELLE STREET ADDRESS 1602 E. 3RD AVE. CITY-ST-ZIP CITY-ST-78 TAMPA, FL 33605 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ACCRESS CITY-ST-7/P CITY-ST-ZP DOCUMENT# STREET ADDRESS STREET ACCUSESS CITY-ST-ZIP CITY-ST-ZP DOCUMENT & STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP

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

Rochelle Gross

FILED

813.341.9213