2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT #A95000001805 FILED 1. Entity Name ROCK SPRINGS RIDGE, LTD. 06 MAR 27 AM 10: 12 Mailing Address Principal Place of Business SECRETARY OF STATE TALLAHASSEE, FLORIDA % JEFFRY B. FUQUA % JEFFRY B. FUQUA **401 FERGUSON DRIVE 401 FERGUSON DRIVE** ORLANDO, FL 32805 ORLANDO, FL 32805 01052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3350324 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FUQUA, JEFFRY_B DO NOT WRITE **401 FERGUSON DRIVE** ORLANDO, FL 32805 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOWIJI 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 12. P95000089436 DOCUMENT # NAME ROCK SPRINGS RIDGE, INC. STREET ADDRESS % 401 FERGUSON DRIVE 600069923786 04/10/06--01020--009 **500.00 CITY-ST-ZIP ORLANDO, FL 32805 DOCUMENT # NAME STREET ADDRESS CITY-ST-712 DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

14: } 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:

STAPLE CHECK

AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #