2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

Due By May 1, 2006 FIL ED **DOCUMENT # A04000001344** SECRETARY OF STATE SANCTUARY OF CORAL GABLES, LTD. 2006 APR 28 PH 4: 33 Mailing Address Principal Place of Business 275 HAMPTON LANE 275 HAMPTON LANE KEY BISCAYNE, FL 33149-1223 KEY BISCAYNE, FL 33149-1223 04262006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1592050 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WOOD, HARLESTON R DO NOT WRITE 275 HAMPTON LANE KEY BISCAYNE, FL 33149-1223 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, typed or printed name of registered agent and title if 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 12. DOCUMENT # P04000112349 NAME METTA OF CORAL GABLES, INC. STREET ADDRESS 225 LEUCADENDRA DRIVE CITY-ST-ZIP CORAL GABLES, FL 33156 DOCUMENT # **800074079298** 05/05/06--01047--003 **500.00 NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # 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

in to the to

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

4/27/06 355-361-7094