2006 LIMITED PARTNERSHIP ANNUAL REPORT

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| | | Due By May 1, 2006 | Secretary of State | | |
|-----------------|---|--|-------------------------------|--|--|
| -4 | DOCUMENT # A0000001013 1. Entity Name LINBERG PROPERTIES FAMILY LIMITED PARTNERSHIP | | | | |
| | Principal Place of Business 2460 OLD MOULTRIE RD, SUITE 3 ST. AUGUSTINE, FL 32086 Mailing Address P.O. DRAWER 3127 ST. AUGUSTINE, FL 32086 ST. AUGUSTINE, FL 32085 | | |) | |
| | DO NOI | WRITE IN THIS SPA | ACE | C2142006 No Chg-LP CR2E003 (11/05) 4. FEI Number Applied Fo 59-3655818 Not Applied 5. Certificate of Status Desired S8.75 Additional Fee Required | |
| | 6. Name and SADOWSKI, GEORGE E 2460 OLD MOULTRIE R ST. AUGUSTINE, FL 32 | D, SUITE 3 | DO NOT WRITE IN THIS SPACE | | |
| | 8. The above named entity submits this statement for the purpose of changing its registered off the obligations of registered agent. SIGNATURE Signature, typed or proted name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 | | | ed agent, or both, in the State | of Florida. I am familiar with, and acce |
| | 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. | | | | |
| | DOCUMENT / PODODOGO 18: NAME LINBERG, INC | GENERAL PARTNER INFORMATION BLUETRIE ROAD, SUITE 3 | | | 000459240 06-80025-005 \$80.00 |
| HERE | NAME STREET AOORESS CXTY-ST-ZIP DOCUMENT 6 NAME SYREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE IN THIS SPACE | | |
| STAPLE CHECK HE | DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME | in the control of the | | and the second second | |

14. I horeby certily that the information supplied with this filling 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 path; 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

DOCUMENT # NAME 1 STREET ADDRESS CITY-ST-ZIP.