

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

| | | | | | | | |
|---|----------------------------|---------------------|--|--|--|--|--|
| DOCUMENT # A00000001161 1. Entity Name KATOPODIS FAMILY HOLDINGS, LTD. | | | | | | JUNE -1 AM 9:49 STATE OF FLORIDA TALLAHASSEE FLORIDA | |
| Principal Place of Business 3842 E. MILLERS BRIDGE RD. TALLAHASSEE, FL 32312 | | | | Mailing Address 3842 E. MILLERS BRIDGE RD. TALLAHASSEE, FL 32312 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | | Country | | | | | |
| 4. FEI Number 59-3660291 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | (\$8.75) Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| KATOPODIS, JOHN 3842 E. MILLERS BRIDGE RD. TALLAHASSEE, FL 32312 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | |
| | | | | City FL Zip Code | | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | | |
| 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. | | | | | | | |
| 12. GENERAL PARTNER INFORMATION | | | | 13. ADDRESS CHANGES ONLY | | | |
| DOCUMENT # | P00000068260 | | | STREET ADDRESS | <div style="text-align: center; font-size: 1.2em;">600074615066</div> <div style="text-align: center;">05/15/06--01008--016 **508.75</div> | | |
| NAME | KATOPODIS HOLDINGS, INC. | | | CITY-ST-ZIP | | | |
| STREET ADDRESS | 3842 E. MILLERS BRIDGE RD. | | | | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32312 | | | | | | |
| DOCUMENT # | | | | STREET ADDRESS | | | |
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STAPLE CHECK HERE

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: John Katopodis **JOHN KATOPODIS** 4/26/06 **(850) 222-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #