FILED 2007 LIMITED PARTNERSHIP ANNUAL REPORT Jun 28, 2007 08:00 Al Secretary of State Due By September 14, 2007 **DOCUMENT # A00000001391** GRANDE COURT KISSIMMEE ASSOCIATES, LTD. Principal Place of Business Mailing Address **703 WATERFORD WAY** 703 WATERFORD WAY STE. 800 STE. 800 MIAMI, FL 33126 MIAMI, FL 33126 06202007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1042498 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PITTS, W. DOUGLAS 703 WATERFORD WAY STE. 800 MIAMI, FL 33126 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 # applicable In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. FILE NOWI!! FEE IS \$500.00 Due by September 14, 2007 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, P00000084994 DOCUMENT / GRANDE COURT KISSIMMEE, INC. STREET ADDRESS 703 WATERFORD WAY, STE. 800 U00000766730 CITY-ST-ZIP 06/28/07-80002-014 500.00 MIAMI, FL 33126 DOCUMENT # 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 DOCUMENT # STREET ADDRESS CITY-ST-7IP

14. I hereby certify 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 applied 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:

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

ARTNER

365-26/4330 Daytune Prone #