


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED  
Feb 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # A00000001747**  
1. Entity Name  
**ROCARDAN LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address  
**915 OLD DIXIE HWY, S.W.  
VERO BEACH FL 32962**      **915 OLD DIXIE HWY, S.W.  
VERO BEACH FL 32962**



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

1st MOORE      CR2E003 (10/05)

4. FEI Number **59-3680984**      Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

|                                                                         |  |                                                    |                  |
|-------------------------------------------------------------------------|--|----------------------------------------------------|------------------|
| 6. Name and Address of Current Registered Agent                         |  | 7. Name and Address of New Registered Agent        |                  |
| <b>PEIRCE, MARK<br/>915 OLD DIXIE HWY, S.W.<br/>VERO BEACH FL 32962</b> |  | 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and (MO) if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #                      | P00000106803              | STREET ADDRESS           |  |
| NAME                            | ROCARDAN MANAGEMENT, INC. | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | 915 OLD DIXIE HWY, S.W.   |                          |  |
| CITY-ST-ZIP                     | VERO BEACH FL 32962       |                          |  |
| DOCUMENT #                      |                           | STREET ADDRESS           |  |
| NAME                            |                           | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                           |                          |  |
| CITY-ST-ZIP                     |                           |                          |  |
| DOCUMENT #                      |                           | STREET ADDRESS           |  |
| NAME                            |                           | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                           |                          |  |
| CITY-ST-ZIP                     |                           |                          |  |
| DOCUMENT #                      |                           | STREET ADDRESS           |  |
| NAME                            |                           | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                           |                          |  |
| CITY-ST-ZIP                     |                           |                          |  |

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09/02/05 00030 005 500.00

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:** 