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

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A01000000798 1. Entity Name 06 MAR 17 AM 10: 22 ENGLISH FAMILY ENTERPRISES, LTD. Principal Place of Business Mailing Address 1311 EXECUTIVE CENTER DRIVE 1311 EXECUTIVE CENTER DRIVE SUITE 121 **SUITE 121** TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State City & State Applied For 4. FEI Number 59-3726390 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENGLISH, J. COLIN JR. /3// 1990 EXECUTIVE CENTER DRIVE, SUITE 196 / ス/ TALLAHASSEE FL 32301 Street Address (P.O. Box Number is Not Acceptable) City 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 Signature, typed or printed name of registered agent and title 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 ADDRESS CHANGES ONLY 13. DOCUMENT# STREET ADDRESS NAME ENGLISH, J. COLIN JR, STREET ADDRESS 1300 EXECUTIVE CENTER DRIVE, SUITE 498 / Z/ CITY-ST-7IF CITY-ST-ZIP TALLAHASSEE FL 32301 DOCUMENT # STREET ADDRESS ENGLISH, PHYLLIS L STREET ADDRESS 13 EXECUTIVE CENTER DRIVE, SUITE 400 / ス/ 100069072491 03/31/06--01003--002 **500.00 CITY-ST-ZIP CITY-ST-71P TALLAHASSEE FL 32301 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 emporered to execute this report at required by Chapter 620, Florida Statutes