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

SIGNATURÉ

Mar 30, 2006 08:00 AM Secretary of State DOCUMENT # A01000001496 1. Entity Name TOMLIN HOLDINGS LIMITED PARTNERSHIP Principal Place of Business Mailing Address 741 BUTTONWOOD LANE MIAMI FL 33137 741 BUTTONWOOD LANE MIAMI FL 33137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State City & State 4. FEI Number Applied For 65-1151990 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEYER, THOMAS H Street Address (P.O. Box Number is Not Acceptable) 741 BUTTONWOOD LANE MIAMI FL 33137 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, typed or printed name of registered agent and title it applicable. DATE 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # L01000019445 STREET ADDRESS NAME TOMLIN HOLDINGS, LLC STREET ADDRESS 741 BUTTONWOOD LANE CITY-ST-IP CITY-ST-ZIP MIAMI FL 33137 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-27P CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CIDY-ST- 7/P CITY-SI-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY -ST-27P DOCTIMENT # STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MANTE STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I turther 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

FILED