2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A01000001657 FILED CONGRESS AVENUE PROPERTIES, LTD. 07 MAY 24 AM 9: 47 Mailing Address Principal Place of Business SECRETARY OF STATE TALL AHASSEE, FLORIDA 4500 PGA BOULEVARD, SUITE 207 4500 PGA BOULEVARD, SUITE 207 PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 03222007 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For /**Q1/Q7/14/2/11**/ 30-0407032 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEPHANOS, DIANE Street Address (P.O. Box Number is Not Acceptable) 4500 PGA BOULEVARD, SUITE 207 PALM BEACH GARDENS, FL 33418 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 DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. L99000003526 DOCUMENT # STREET ADDRESS PERPETUITIES TRUST HOLDINGS, LLC <u>600103637496</u> NAME 4500 PGA BOULEVARD, SUITE 207 06/01/07--01006--007 **500.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CUTY-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 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 ae required by Chapter §20, Florida Statutes

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SIGNATURE:

Cathy A. DiVosta 3/28/07

561/691-9050