2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

Mar 13, 2006 08:00 AM DOCUMENT # A01000001663 1. Entity Name **Secretary of State BJASVC LIMITED PARTNERSHIP** Principal Place of Business Mailing Address 2014 4TH STREET **1511 TARAVAL STREET** SARASOTA, FL 34237 **SUITE** #205 SAN FRANCISCO, CA 94116 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022006 Cha-1 P CR2E003 (11/05) City & State City & State 4 FFI Number Applied For 54-2075347 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Z Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE, H. GREG Street Address (P.O. Box Number is Not Acceptable) 2014 4TH STREET SARASOTA, FL 34237 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 18 \$500.00 After May 1, 2008, 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 12. 13. ADDRESS CHANGES ONLY DOCUMENT # P01000120240 STREET ADDRESS NAME BJASVC, INC. STREET ADDRESS 1511 TARAVAL STREET #205 CITY ST-ZIP CATY-ST-ZIP 1/00/00/0465338 SAN FRANCISCO, CA 94116 Ŭ3/22/Ũ6-8ŬÛ34-0Ũ8 508.75 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCUMENT # STREET ADDRESS NAME STREET ADDRESS CUY-SI-DP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

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. 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 path; 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

Burn Connolly