## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE

## SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A02000000153 BROWNING OF CENTRAL FLORIDA, LTD. 06 HAR -3 AM II: 03 Mailing Address Principal Place of Business 1940 FAIRVIEW SHORES DRIVE 1940 FAIRVIEW SHORES DRIVE ORLANDO, FL 32804 ORLANDO, FL 32804 01212006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 80-0036316 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BROWNING, GERTRUD** DO NOT WRITE 1940 FAIRVIEW SHORES DR ORLANDO, FL. 32804 IN THIS SPACE 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 appacable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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. DOCLOMENT # BROWNING GERTRUD TRUSTEE NAME STREET ADDRESS 1940 FAIRVIEW SHORES DRIVE CITY-ST-ZIP ORLANDO, FL 32804 DOCUMENT # 800068092248 03/20/06--01013--020 \*\*\*500.00 NAME STREET ADDRESS CITY-ST-ZIP DOCLEMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADORESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS aTY-ST-ZIP 4. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Rorida 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:

Daytime Phone 6