2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

Feb 27, 2006 08:00 AM DOCUMENT # A02000000787 **Secretary of State** 1. Entity Name K.B. LEMIEUX, LTD. Principal Place of Business Mailing Address 2840 W ORANGE AVE. 2840 W ORANGE AVE. APOPKA, FL 32703 APOPKA, FL 32703 02222008 No Cha-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3683984 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERMAN, HOPKINS & MOSS DO NOT WRITE 480 N. ORLANDO AVE., SUITE #218 WINTER PARK, FL 32789 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. U0000448093 03/08/06-80032-019_500**.0**0 Signature, typed or printed name of registered agont and title if applicable. DATE FILE NOW!!! FER 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. 12. GENERAL PARTNER INFORMATION DOCUMENT # NAME LEMIEUX, KEITH B STREET ADDRESS 2840 W ORANGE AVE. CITY-ST-ZP APOPKA, FL 32703 DOCUMENT # MANUF STREET ADDRESS CITY-ST-ZIP อดยางคงกั # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CHY-ST-RP

14. I hereby certify that the information supplied with this filing dope 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 as required by Chapter 520, Florida Statutes

SIGNATURE:

DOCUMENT #

STREET ADDRESS CITY-ST-&P

DOCUMENT / NAME STREET ADDRESS DITY-ST-ZIP

STAPLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OPHERAL PARTNER

Outs Oayoms Phone #

FILED