2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

EBE

SIGNATURE:

DOCUMENT # A02000000860 06 MAY -1 AM 8: 48 COMMONS SOUTH, LTD. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 120 E. PALMETTO PARK RD., STE. 410 120 E. PALMETTO PARK RD., STE. 410 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 Chg-LP CR2E003 (11/05) 4. FEI Number 74-3090672 APPLIED FOR City & State City & State Applied For Not Applicable Zip Country Žip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMIGRAN, KENNETH H Street Address (P.O. Box Number is Not Acceptable) 120 E. PALMETTO PARK RD., STE. 410 BOCA RATON, FL 33432 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 agent and title if applicable 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME COMMONS SOUTH, LLC 120 E. PALMETTO PARK RD., STE. 410 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 500075014505 DOCUMENT # 05/22/06--01013--008 **500.00 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZtP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS **₹REET 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 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 employered to execute this report as equired by Chapter 620, Florida Statutes lung

NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4128/04

FILED