2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Apr 13, 2006 08:00 AM Secretary of State Due By May 1, 2006: **DOCUMENT # A02000001131** 1. Entity Name BARKLEY, LTD. Principal Place of Business Mailing Address 300 S.E. 2ND STREET 300 S.E. ZND STREET FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 01052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 52-2376011 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONES, PATRICA 300 S.E. 2ND STREET DO NOT WRITE FORT LAUDERDALE, FL 33301 IN THIS SPACE 6. 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$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. P02000089357 DOCUMENT # BARKLEY, INC. NAME 300 S.E. 2ND STREET STREET AGORESS U0000050<mark>5948</mark> 04/27/06-80002-009 500,00 CHY-ST-ZIP FORT LAUDERDALE, FL 33301 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # MAME DO NOT WRITE STREET ADDRESS City-St-7IP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT &

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 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

SIGNATURÉ:

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GE