2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

CHECK

Feb 15, 2006 08:00 AM Secretary of State DOCUMENT # A02000001232 1. Entity Name BOY INVESTMENT GROUP LIMITED Principal Place of Business Mailing Address P.O. BOX 490 LABELLE FL 33975 410 CALOOSA DRIVE LABELLE FL 33935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State City & State 4. FEI Number Applied For 01-0743504 Not Applica Zip Country 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 Name BOY, JOHN B JR 410 CALOOSA DRIVE Street Address (P.O. Box Number is Not Acceptable) LABELLE FL 33935 Zip Code City 3. 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 FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. 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 ADDRESS CHANGES ONLY 12. 13. L02000023676 DOCUMENT # STREET ADDRESS NAME BOY MANAGEMENT, LLC STREET ADDRESS 410 CALOOSA DRIVE CHY-ST-ZIP CHTY-S1-21P LABELLE FL 33935 DOCUMENT # STREET ADDRESS NAME ႮႮႮႮႮႮჃ**3**4816 STREET ADDRESS CCTY-ST-ZIP 02/25/06-80017-007 500.00 CITY-ST-7/P DOCUMENT # STREET AUDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCCUMENT # STREET ADDRESS NAME STREET ADDRESS CDY - ST-ZP CITY-ST-ZIP DOCUMENT # STRUET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET 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 partnerstrip or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

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