2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED May 01, 2006 08:00 Al Secretary of State **DOCUMENT # A02000001309** 1. Entity Name CYE, LTD. Mailing Address Principal Place of Business 2204 GREEN OAKS LANE 2204 GREEN OAKS LANE TAMPA, FL 33612 TAMPA, FL 33612 04262006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2346920 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TURRELL, PATRICIA C DO NOT WRITE 2204 GREEN OAKS LANE TAMPA, FL 33612 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 little if applicable. 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. DOCUMENT # CONNER, ROBBIE SUE NAME STREET ADDRESS 2204 GREEN OAKS LANE CITY-ST-ZIP TAMPA, FL 33612 U000000554373 DOCUMENT # 05/15/06-80089-018 500.00 TURRELL, PATRICIA C NAME STREET ADDRESS 2204 GREEN OAKS LANE CITY-ST-ZIP TAMPA, FL 33612 DOCUMENT # GRAVES, SANDRA C NAME DO NOT WRITE STREET ADDRESS 2204 GREEN OAKS LANE CITY-ST-ZIP TAMPA, FL 33612 IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY - ST- ZIP DOCUMENT # NAME

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 eath; 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-71P