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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Mar 01, 2006 08:00 AM DOCUMENT # A02000001448 **Secretary of State** 1. Entity Name PALENCIA FAMILY LTD. PARTNERSHIP Principal Place of Business Mailing Address 7258 BEDLINGTON RD. 7258 BEDLINGTON RD. MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State City & State Applied For 4. FEI Number 65-1160584 Not Applicable Ζip Country Zip 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 PALENCIA, RITA M 7258 BEDLINGTON RD. Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES FL 33014 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. $\begin{tabular}{ll} \hline & Sign stare, typed or printed name of registered around and title A applicable \\ \hline \end{tabular}$ 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. DUCUMENT # P02000117969 STREET ADDRESS NAME RM PALENCIA, INC. STREET ADDRESS 7258 BEDLINGTON RD. U00000451161 03/10/06-80040-021 500.00 CITY-ST-ZIP CITY-ST-ZIP MIAM! LAKES FL 33014 DOCUMENT # STRUET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP City-St-709 DOEDWENT A ATHRET AGGRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DECLIMENT A SIRRELI ADDRESS NAME STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDITESS CHY-ST-ZIP CITY-SI-ZIP 14. I hereby certify that the information supplied with this tiling 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 empowered to execute this report as required by Chapter 620, Florida Statutes

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