2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2006 Mar 23, 2006 08:00 AM DOCUMENT # A03000000031 **Secretary of State** t. Entity Name SEASAGE ASSOCIATES, LTD. Principal Place of Business Mailing Address 920 SEASAGEDRIVE 920 SEASACE LTIVE **DELFIAY BEOH FL. 33483** CELPAYEBOH FL 33483 03202006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SICILIANO, THOMAS V DO NOT WRITE 980 NORTH FEDERAL HIGHWAY, SUITE 440 BOCA RATON, FL 33432 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. DATE Signature, typed or printed name of registered agent and title if applicable मिलासिमार्थ ह 331 FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 94/07/06-80010-020 500.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Pariners MAY NOT be changed on the form; an amendment must be filed to change a general pariner. 12. GENERAL PARTNER INFORMATION P03000000484 DOCUMENT # NAME KCMJ, INC. STREET ADDRESS 920 SEASAGE DRIVE CITY-ST-ZIP DELRAY BECH, FL 33483 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZP IN THIS SPACE DOCUMENT # 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 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.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP DOCUMENT # HAME STREET ADDRESS CATY-ST-ZIP

MCHI Enc Garper