2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Jan 17, 2006 08:00 AM Secretary of State DOCUMENT # A03000000596 BROCK-SKYE PARTNERSHIP, LTD. Principal Place of Business Mailing Address 920_SOUTH TROTTERS DRIVE 920 SOUTH TROTTERS DRIVE MAITLAND, FL 32571 MAITLAND, FL 32571 01052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1182677 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Gurrent Registered Agent DO NOT WRITE MAGRUDER, G. BROCK JR. 920 SOUTH TROTTERS DRIVE MAITLAND, FL 32571 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 at registered egont and site if applicable 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, P03000041580 CEILIDH COMPANY NAME STREET ADDRESS 920 SOUTH TROTTERS DRIVE 000000388732 01/20/06-80019-004 50**0.0**0 MAITLAND, FL 32571 NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS City-St-7iP IN THIS SPACE DOCUMENT # MALSE STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

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 it 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:

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

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GEHERAL PARTNER

Daytime Phone #