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

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Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # A03000000772 1. Entity Name EWING WATERPROOFING SYSTEMS LABOR, LTD. Principal Place of Business Mailing Address 1315 NW 4TH PLACE GAINESVILLE FL 32603 1315 NW 4TH PLACE GAINESVILLE FL 32603 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. if, etc. 1st MOORE CR2E003 (10/05) City & State City & State 4. FE) Number Applied For 56-2357337 Not Applicat Zip Country ZiD Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL, IRWIN Street Address (P.O. Box Number is Not Acceptable) 1313 NW4TH PLACE GAINESVILLE FL 32503 Zip Code City 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 DATE Signature, type 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # P03000051418 STREET ADDRESS MARKE EWS PARTNERS, INC. STREET ADDRESS 1315 NW 4TH PLACE CITY -ST - 70P U00000490465 CITY-SI-ZIP GAINESVILLE FL 32603 04/18/86-80057-001-1150.00 BOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SY-ZIP CITY - 57 - 21P DOCUMENT (STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SI-DP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS DITY-ST-209 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CUTY-ST-ZIP CITY-ST-702

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 partners or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

2/18/06

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