2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

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STAPLE CHECK

DOCUMENT # A03000001060 06 JAN 24 AM 9: 15 1. Entity Name DXH LTD Principal Place of Business Mailing Address 8249 PARKLINE BLVD., SUITE 250 8249 PARKLINE BLVD., SUITE 250 ORLANDO, FL 32809 ORLANDO, FL 32809 2. Principal Place of Business 8879 Boggy (3. Mailing Address 8879 Boggy Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 CR2E003 (11/05) Cha-LP 4. FEI Number Applied For City & State ON Undo FL. 59-3775832 Not Applicable Country 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 OBRIEN, DAVID Street Address (P.O. Box Number is Not Acceptable) 14538 VELLEUX DRIVE ORLANDO, FL 32837 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 SIGNATURE Signature, typed or printed name of registered agent and title 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 ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS NAME OBRIEN, DAVID STREET ADDRESS 14538 VELLEUX DRIVE 500064998625 CITY-ST-7IP CITY-ST-ZIP ORLANDO, FL 32837 02/01/06--01077--002 **500.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY ST.71P CITY-\$T-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER