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

STAPLE CHECK HERE

SIGNATURE:

| DUE BY MAY 1, 2006 | | | | | |
|---|--|-------------------------|------|-------------|--|
| DOCUMENT # A0300001684 1. Entity Name | | | | | FILED |
| KOLOA PARTNERS LIMITED | | | | | 06 MAY -1 PM 1: 47 |
| Principal Plac | e of Business | Mailing Address | | | SECRETARY OF STATE |
| P.O. DRAWER 6 C/O M-LANNING FOX STUART FL 34995 P.O. DRAWER 6 C/O M-LANNING FOX STUART FL 34995 | | | | | TALLAHASSEE FLORIDA |
| 2. Principal Place of Business 3. Mailing Address 600 VI II are Square Crossing 600 VI II are Square 600 | | | | a Crossh. | |
| Suite, Apt. #, etc. J Suite, Apt. #, etc. J | | | G | e crossing | 1st MOORE CR2E003 (10/05) |
| City & State City & State | | | dens | 12 33410 | |
| City & Stat | e , | City & State | | | 4. FEI Number NO-T APPLICABLE Applied For Not Applicable |
| Zip 334 | Country (JS A | ^{Zip} 33中10 | Cour | ntry SA | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| | 6. Name and Address of Current F | egistered Agent | | | 7. Name and Address of New Registered Agent |
| F0\ | < 1.1 1.4 N. IN IIN IO | | | Name Shift | Theodore |
| FOX, M. LANNING 1100 SOUTH FEDERAL HIGHWAY | | | | | P.O. Box Number is Not Acceptable) |
| STUART FL 34995 | | | | 600 U | Traje Square Crossing |
| | | | | CityPalm P | space Gardens FL Zip Code 33410 |
| 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 4/13/06 | | | | | |
| Signolare: typed of finited name of registered agont and title if applicable. PILE 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 | 13. | | ADDRESS CHANGES ONLY |
| DOCUMENT # | P03000085066 | | STR | EET ADDRESS | |
| NAME STREET ADDRESS | KOLOA CORP. 600 VILLAGE SQUARE CROSSING | | 1 | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | | CITY | '-ST-ZIP | |
| DOCUMENT # | | | STR | EET ADDRESS | 900074620719 |
| STREET ADDRESS | | | CITY | '-ST-ZIP | 05/15/0601015007 **500.00 |
| CITY-ST-ZIP | | | | -31-21 | 33.13.33 |
| NAME | | | STR | EET AUDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | | CIL | '-ST-ZIP | |
| DOCUMENT # | | | STR | EET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | r-St-ZIP | |
| DOCUMENT # | | | STR | EET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | /-ST-ZIP | |
| DOCUMENT # | | | STR | EET ADDRESS | |
| NAME: STREET ADDRESS CITY-ST-ZIP | | | CITY | r-ST-ZIP | |
| 14. I hereby certify that the information supplied with this filling 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 | | | | | |