2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Daytime Phone #

06 APR -7 AM 10: 38 DOCUMENT # A03000001719 FAGAN FAMILY HOLDINGS, LTD. Principal Place of Business Mailing Address 631 US HIGHWAY 1 631 US HIGHWAY 1 SUITE 400 SUITE 400 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 2. Principal Place of Business 3. Mailing Address 631 US Highway 1 631 US Hihgway 1 Suite, Apt. #, etc Suite 305 Suite, Apt. #, etc. 02062006 Chg-LP CR2E003 (11/05) Suite 305 City & State City & State 4. FEI Number Applied For North Palm Beach, FL North Palm Beachy FL APPLIED FOR Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33408 33408 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Gregory J. Fagan WHITE, JOHN II Street Address (P.O. Box Number is Not Acceptable) 631 US Highway 1 1645 PALM BEACH LAKES BLVD, STE 1200 WEST PALM BEACH, FL 33401 Suite 305 City North Palm Beach ^{ZipკCod}ტ8 8. The above named entity submits this statemen or the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar the obligations of registered, agent and title 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. 12. GENERAL PARTNER INFORMATION 13. DOCUMENT # STREET ADDRESS 631 US Highway 1, Ste 305 FAGAN, LANELL M NAME STREET ADDRESS 2137 MILANO COURT CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS, FL 33408 North Palm Beach, FL 33408 DOCUMENT # STREET ADDRESS 631 US Highway 1, Ste 305 NAME FAGAN, GREGORY J STREET ADDRESS 2137 MILANO COURT CITY-ST-ZIP PALM BEACH GARDENS, FL 33408 CITY-ST-ZIP 33408 North Palm Beach, FL DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # 400070466894 STREET ADDRESS NAME 84/14/86 -81861 822 **580.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 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 senature 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 captured by Chapter 620, Florida Statutes

AME OF SIGNING GENERAL PARTNER