2006 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2006**

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A04000000092 06 MAR -3 AM 10: 03 BVR HOLDINGS, LIMITED PARTNERSHIP Principal Place of Business Mailing Address 1400 - 10TH AVENUE 1400 - 10TH AVENUE VERO BEACH, FL 32960 VERO BEACH, FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For APPLIED FOR 54 - 2126857 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FENNELL, TODD W Street Address (P.O. Box Number is Not Acceptable) 979 BEACHLAND BLVD. VERO BEACH, FL 32963 City 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 the obligations of registered agent. 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. L03000036145 DOCUMENT A STREET ADDRESS BR MANAGEMENT, L.L.C. NAME STREET ADDRESS 1400 - 10TH AVENUE CITY-ST-ZIP 800068094718 03/20/06--01016--017 ***350.00 CITY-ST-ZIP VERO BEACH, FL 32960 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 800068094718 CITY-ST-ZIP 03/20/06--01016--018 **150.00 DOCUMENT 6 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 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

Myl Bortton Lyle Bartholomer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED