2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Feb 15, 2006 08:00 AM DOCUMENT # A04000000114 Secretary of State ELZAWAHRY FAMILY LIMITED PARTNERSHIP Principal Place of Business Malling Address 2202 STATE AVENUE, SUITE 201 2202 STATE AVENUE, SUITE 201 PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 CR2E003 (11/05) 02092008 No Chg LP DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3073354 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent ELZAWAHRY, KAMEL DO NOT WRITE 2202 STATE AVENUE, SUITE 201 PANAMA CITY, FL 32405 IN THIS SPACE 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 presed name of registered agent and file 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. 12. GENERAL PARTNER INFORMATION THE PROPERTY OF ELZAWAHRY, KAMEL MD NAME STREET ADDRESS 2202 STATE AVENUE, SUITE 201 C214-ST-229 PANAMA CITY, FL 32405 DOCUMENT # STRUCT ADDRESS CITY-ST-ZP U00000434272 02/24/06-80056-003 508.75 OCCUMENT # NAME DO NOT WRITE STREET ADDRESS DITY-ST-ZIP IN THIS SPACE OCCUMENT # STREET APRINESS DIY-SI-ZP DOCUMENT # SHC SHC MAME STREET ADORESS

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 inclicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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:

CDY-ST-ZP DOCUMENT & NAME STREET ADDRESS CHY-ST-ZIP

STGRATURE AND TYPED OR PROVIDED NAME OF STGRANG GENERAL PARTNER