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

Mar 27, 2006 08:00 AM Secretary of State DOCUMENT # A04000000192 ./ 1. Entity Name TRADITION ALAFAYA, LTD. 🗸 Principal Place of Business Mailing Address 600 EAST COLONIAL DRIVE, SUITE 100 VORLANDO FL 32803 600 EAST COLONIAL DRIVE, SUITE 100 🗸 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State City & State 4. FEI Number Applied For 20-0695967 Not Applicable Zig Zip Country 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 Name SCHRIMSHER, J. STEVEN 600 EAST COLONIAL DRIVE, SUITE 100 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 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, typed or printed name of registered agent and title if applicable DATE FILE 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 # P96000086295 STREET ADDRESS SCHRIMSHER INVESTMENTS CORPORATION MAM STREET ADDRESS 600 EAST COLONIAL DRIVE, SUITE 100 CITY-ST-ZIP CITY-SI-ZIP ORLANDO FL 32803 1100000481735 04/11/06 38846 801 500.00 DOCUMENT # L05000021898 STREET ADDRESS NAME BSP/ALAFAYA, LLC STREET ADDRESS 250 PARK AVENUE SOUTH, SUITE 200 CHY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - \$7 - 21P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS C)3Y - ST - Z)2 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-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

J. Steven Schrimsher 1/18/06

FILED