

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 FEB -8 AM 10:44

<b>DOCUMENT # A04000000506</b> 1. Entity Name SLW COMMERCIAL CAMPUS, LTD.					
Principal Place of Business 210 SUNSET BAY PALM BEACH GARDENS, FL 33418 US			Mailing Address 210 SUNSET BAY PALM BEACH GARDENS, FL 33418 US		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		01062006 Chg-LP CR2E003 (11/05)	
City & State		City & State		4. FEI Number APPLIED FOR 81-0647266	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  WELLER, GLENN 210 SUNSET BAY ST. PALM BEACH GARDENS, FL 33418				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P04000054399 SOUTHCAP SLW PROPERTIES, INC. 210 SUNSET BAY PALM BEACH GARDENS, FL 33418		STREET ADDRESS  CITY - ST - ZIP	700065852887 02/14/06--01056--002 **500.00	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____		STREET ADDRESS  CITY - ST - ZIP	_____ _____	
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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					
<b>SIGNATURE:</b> <u>GLENN WELLER</u> <span style="float: right;">1/9/05 561-691-9189</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE