2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED (* Mar 10, 2006 08:00 AM Due By May 1, 2006 Secretary of State DOCUMENT # A0400001171 1. Entity Name LAURESCA ASSOCIATES, LTD. Principal Place of Business Mailing Address C/O JOHN A. MORAN, ESQ. 22 S. LINKS AVE., SUITE 300 C/O JOHN A. MORAN P.O. BOX 4948 SARASOTA, FL 34236 SARASOTA, FL 34230 03032006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 74-3127471 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORAN, JOHN A DO NOT WRITE 22 S. LINKS AVE., SUITE 300 SARASOTA, FL 34236 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered affice 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 this it appricable. DATE 1100000462718 FILE NOWIII FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 03/21/06-80043-022 508.75 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 12. L04000052168 DOCUMENT # NAME LAURESCA, L.L.C. P.O. BOX 3948 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34230 DOCUMENT # NAAFF STREET ADDRESS CITY-ST-ZP DOCUMENT 6 NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZP IN THIS SPACE DOCUMENT (NAME STREET ADDRESS CITY-ST-ZP DOCUMENT # CHECK NAME STREET ADDRESS CITY-ST-ZP

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.

SIGNATURE:

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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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