2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED May 01, 2006 08:00 Al Secretary of State DOCUMENT # A0400001197 -1. Entity Name FORTUNE WAREHOUSE REALTY, LLLP. Principal Place of Business Mailing Address 10321 FORTUNE PKWY., SUITE 400 10321 FORTUNE PKWY., SUITE 400 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 04262006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1466469 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent BSPA CORPORATE SERVICES, INC. DO NOT WRITE 350 EAST LAS OLAS BLVD. **SUITE 1000** IN THIS SPACE FT. LAUDERDALE, FL 33301 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. Signstane, 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 12. L04000052991 SOCUMENT # FORTUNE WAREHOUSE REALTY GP, LLC STREET ADDRESS 10321 FORTUNE PKWY. CITY-ST-ZIP JACKSONVILLE, FL 32256 DOCUMENT # MANE STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT A SHOCK NAME STREET ADORESS CITY-ST-ZIP STAPLE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this fitting 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 eath; 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:

DAVID