2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Apr 13, 2006 08:00 AM Secretary of State Due By May 1, 2006 **DOCUMENT # A04000001551** S/ST. LUCIE PROPERTY, LTD. Principal Place of Business Mailing Address 300 S.E. 2ND STREET 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301 01062006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1233946 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONES, PATRICIA DO NOT WRITE 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301 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, typed or printed name of registered agent and title it applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee vvill 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 L04000071582 DOCUMENT # NAME S/ST. LUCIE PROPERTY, LLC STREET ADDRESS 300 S.E. 2ND STREET U00000505872 CITY-ST-ZIP FT. LAUDERDALE, FL 33301 04/26/06-80131-023 500.00 DOCUMENT # NAME STREET ADORESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-21P IN THIS SPACE OCCUMENT (NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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 empowaged to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CHY-ST-ZP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER