2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

CHECK HERE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED **DOCUMENT # A04000001703** 2007 APR 30 AM 9: 23 WARO HOLDINGS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1531 S. TAMIAMI TRAIL, #703 1531 S. TAMIAMI TRAIL, #703 VENICE, FL 34285 VENICE, FL 34285 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272007 CR2E003 (12/06) Chg-LP City & State City & State Applied For 4. FEI Number 814234 Not Applicable 20 APPLIED FOR Žip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KHLEIF, ROD Street Address (P.O. Box Number is Not Acceptable) 1531 S. TAMIAMI TRAIL, #703 VENICE, FL 34285 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. ADDRESS CHANGES ONLY 13. L04000078668 DOCUMENT # STREET ADDRESS NAME ROWA INVESTMENT GROUP, LLC STREET ADDRESS 1531 S. TAMIAMI TRAIL, #703 CITY-ST-7IP CITY-ST-ZIP VENICE, FL 34285 000102536070 DOCUMENT # STREET ADDRESS 05/15/07--01047--006 **200 00 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-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