2006 LIMITED PARTNERSHIP ANNUAL REPORT

STREET ACCRESS

SIGNATURE:

CITY-ST-ZIP

FILED Mar 06, 2006 08:00 AM Secretary of State Due By May 1, 2006 DOCUMENT # A04000001827 FAMILY LANDS REMEMBERED, LLLP Principal Place of Business Mailing Address 7128 SE RIVERS EDGE ROAD 7128 SE RIVERS EDGE ROAD JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEi Number Applied For 20-1908404 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name VERGARA, CARLOS M Street Address (P.O. Box Number is Not Acceptable) 7128 SE RIVERS EDGE ROAD JUPITER, FL 33548 City Zip Code F 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 CATE 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 filled to change a general partner. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # P04000157013 STREET ADDRESS NAME FAMILY LANDS REMEMBERED, INC. STREET ADDRESS 7128 SE RIVERS EDGE ROAD 03/15/06 80049-004 508.75 CITY-SI-ZIP JUPITER, FL 33458 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT 6 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT ! STREET ADDRESS NAME STREET ADORESS CATY-ST-70P CITY-ST-ZIP **BOCUMENT #** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # 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 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER