2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Feb 10, 2006 08:00 AM **DOCUMENT # A04000001901 Secretary of State** WATERWAY PLAZA OF ROYAL PALM BEACH, LTD Principal Place of Business Mailing Address 675 ROYAL PALM BEACH BOULEVARD 675 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 01052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0167822 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANTAMARIA, JESS R DO NOT WRITE 675 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH, FL 33411 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 Signature, typed or printed name of registered agent and title it 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. DOCUMENT # 589080 JESS R. SANTAMARIA, INC. MAME U00000429306 02/22/06-80001-002 500.00 STREET AUDRESS 675 ROYAL PALM BEACH BOULEVARD CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 DOCUMENT # NAME STREET MODRESS CITY-ST-ZIP DOCUMENT # MARKE DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT ! NAME STREET ADDRESS CITY-ST-ZIP

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 it 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:

BOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

02/06/06

(561) 793-2350