2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

FILED SECRETARY OF STATE **DOCUMENT # A05000000253** DIVISION OF CORPORATIONS SUNCHASER PROPERTY MANAGEMENT, LTD 06 APR 10 AM 9: 26 Principal Place of Business Mailing Address 14 ROYAL PALM WAY 14 ROYAL PALM WAY 105 BOCA RATON, FL 33432 BOCA RATON, FL 33432 3. Mailing Address 2. Principal Place of Business 2301 NE 16 ST 917 NW IP AVE Suite, Apt. #, etc. Suite, Apt. #, etc. Cha-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For OCA RATON PompANO BEACH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П 33486 BROWARD PALM BEACH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAZZARO, JAMES T JR Street Address (P.O. Box Number is Not Acceptable) 14 ROYAL PALM WAY 105 917 NWIPAVE BOCA RATON, FL 33432 Zip Code 33486 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. JAMES T. MAZZARO (PRESIDENT) SIGNATURE 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 ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS 917 NWIP AVE MAZZARO, JAMES T JR STREET ADDRESS 14 ROYAL PALM WAY, #105 BOCA RATON FL 334AL CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 P03000148726 DOCUMENT # STREET ADDRESS NAME 2301 NE 16 CORP. STREET ADDRESS 1164 E. OAKLAND PARK BLVD, #300 CITY-ST-71P CITY-ST-ZIP OAKLAND PARK, FL 33334 DOCUMENT # 400073394154 05/01/06--01014--005-**50 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-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADORESS 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

JAMES T. MAZZARO