2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A05000000345** 1. Entity Name 06 APR -7 AMII: 11 FORSYTH DEVELOPMENT, LTD. Principal Place of Business Mailing Address 533 WEST NEW ENGLAND AVE., SUITE C P.O. BOX 350 WINTER PARK, FL 32790-0350 WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 03132006 Chg-LP CR2E003 (11/05) City & State Applied For City & State 4. FEI Number 20-2436288 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BELLOWS, DANIEL B Street Address (P.O. Box Number is Not Acceptable) 533 WEST NEW ENGLAND AVE., SUITE C WINTER PARK, FL 32789 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, typed or printed name of registered agent and title if 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 ADDRESS CHANGES ONLY 13. 12. P94000038528 DOCUMENT / STREET ADDRESS WINTER PARK REDEVELOPMENT MANAGEMENT CORP. NAME STREET ADDRESS 533 WEST NEW ENGLAND AVE., SUITE C CITY - ST- ZIP CITY-ST-7IP WINTER PARK, FL 32789 800071643558 DOCUMENT # STREET ADDRESS 04/24/06--01064--017 **500.00 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-ZIP CITY-ST-77P DOCUMENT # STREET ADDRESS 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

DANIEL B. Bellows

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

407-644-3151