2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

CHECK

Edward J.

DIVISION OF CORPORATIONS DOCUMENT # A05000000360 PORTOBELLO SQUARE SHOPPING CENTER, LTD, LLP 06FEB -2 AM 10: 18 Principal Place of Business Mailing Address 13055 PARK BLVD. P.O. BOX 3335 SEMINOLE, FL 33776 SEMINOLE, FL 33775 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 CR2E003 (11/05) Chg-LP City & State City & State 4. FEI Number Applied For 20-2409967 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LURIE, EDWARD J Street Address (P.O. Box Number is Not Acceptable) 13055 PARK BLVD. SEMINOLE, FL 33776 City Zip Code FL 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. DOCUMENT A STREET ADDRESS LURIE, EDWARD J TRXUSTREEN Managing Partner NAME STREET ADDRESS 13055 PARK BLVD. 300065863223 02/15/06--01004--018 **500.00 CITY-ST-ZIP CITY-ST-ZIP SEMINOLE, FL 33776 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-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZIP STAPLE 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 06 SIGNATURE: OF SIGNING SENERAL PARTNER PED OR PE Date Daytime Phone