2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK HERE

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

DOCUMENT # A05000000454 06 FEB 20 AH 8: 50 1. Entity Name **BROCIOUS REALTY LIMITED** Principal Place of Business Mailing Address 6430 HUNTERS ROAD 6430 HUNTERS ROAD NAPLES, FL 34119 US NAPLES, FL 34119 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country 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 Name FOWLER WHITE BOGGS BANKER P.A. Street Address (P.O. Box Number is Not Acceptable) 5811 PELICAN BAY BOULEVARD SUITE 600 NAPLES, FL 34108 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 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 12. L05000021034 DOCUMENT # STREET ADDRESS NAME **BROCIOUS ENTERPRISES LLC** STREET ADDRESS 6430 HUNTERS ROAD CITY-ST-ZIP 800066805598 02/28/06--01022-026 CITY-ST-ZIP NAPLES, FL 34119 *年500.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP DOCUMENT # STREET ADDRESS NAME:

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER