2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED **DOCUMENT # A05000000471** RONTO BEACH ROAD DEVELOPMENTS, LTD. 2007 APR 17 AM 10: 02 SECRETARY OF STATE Mailing Address Principal Place of Business TALLAHASSEE, FLORIDA 3185 HORSESHOE DR SOUTH, FIRST FLOOR 3185 HORSESHOE DR SOUTH, FIRST FLOOR NAPLES, FL 34104 NAPLES, FL 34104 .2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052007 Chg-LP CR2E003 (12/06) Applied For City & State City & State 4. FEI Number APPLIED FOR Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLOOM, KEN E Street Address (P.O. Box Number is Not Acceptable) 3185 HÖRSESHOE DR SOUTH, FIRST FLOOR NAPLES, FL 34104 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. FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. P05000029167 DOCUMENT # STREET ADDRESS RONTO BEACH ROAD DEVELOPMENTS ONE, INC. NAME STREET ADDRESS 3185 HORSESHOE DR SOUTH, FIRST FLOOR CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34104 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCIJMENT # 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 ADORESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 supplied 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 employees to execute this report as required by Chapter 620, Florida Statutes SIGNATURE:

SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING GENERAL PARTNER