2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

SIGNATURE: _

Due By May 1, 2007 DOCUMENT # A05000000736 FILED SARÁBAY ASSOCIATES, L.L.L.P. 7007 MAY 24 P 1: 40 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 1991 MAIN STREET, SUITE 208 1991 MAIN STREET, SUITE 208 SARASOTA, FL 34236 SARASOTA, FL 34236 01052007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2680508 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUBEN, WAYNE M DO NOT WRITE 1991 MAIN STREET, SUITE 208 SARASOTA, FL 34236 IN THIS SPACE 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. 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 12. L06000083770 DOCUMENT # RUBEN-HOLLAND LEGENDS BAY, LLC NAME STREET ADDRESS 1991 MAIN STREET, SUITE 208 000103825210 06/04/07--01002--013 **600.00 CITY-ST-ZIP SARASOTA, FL 34236 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME . STREET, ADDRESS 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

PED OR PRINTED NAME OF SIGNING GENERAL PARTNER