2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SIGNATURE: <

DOCUMENT # A05000000856 1. Entity Name **CUTSHALL VENTURES, LTD.** 03 HAY -1 7.11 5: 42 Principal Place of Business Mailing Address 21731 TUCKAHOE ROAD 21731 TUCKAHOE ROAD ALVA, FL 33920 ALVA, FL 33920 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122006 CR2E003 (11/05) Cha-LP City & State Applied For City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOWLER WHITE BOGGS BANKER P.A. Street Address (P.O. Box Number is Not Acceptable) 5811 PELICAN BAY BLVD. 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 little 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 12. ADDRESS CHANGES ONLY L05000034963 DOCUMENT # STREET ADDRESS NAME **CUTSHALL VENTURES, LLC** STREET ADDRESS 21731 TUCKAHOE ROAD CITY-ST-7IP CITY-ST-ZiP ALVA, FL 33920 DOCUMENT # STREET ADDRESS 400074625064 05/15/06--01048--026 **\$00.00 NAME STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP City-St-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-S1-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 insticated 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

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