2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

DOCUMENT # A0500001048  1. Entity Name WALLACETOWN MOTOR RESORT, LLLP						SECRETARY OF STATE DIVISION OF CORPORATIONS  06 SEP -6 AM 10: 45				
Principal Place of Business  4458 OCEAN VIEW DRIVE DESTIN, FL 32541 US  Mailing Address  4458 OCEAN VIEW DRIVE DESTIN, FL 32541 U							ot Bilh Beni Pam Bull	ı Ağlıl Bajai dali Pa	1911 <b>- Bring</b> i ( <b>Britâli û</b> t e <b>lik</b> i	
2. Princi	pal Place of Bu	siness	Rox	7039						
Suite	Apt. #, etc.		1-70.7-	., 03 /	07202006	Chg-LP	CR2E003	(11/05)		
City 8	State		City & State Destin, FL			4. FEI Number			Applied For Not Applicable	
Zip		Country	<sup>zip</sup> 32540			5. Certificate of	Status Desired		.75 Additional Required	
-	6. Nar	ne and Address of Current	Registered Agent	N:	ame	7. Name and A	ddress of New R	egistered Age	nt	
	DOWD, JOHN R JR. 285 HIGHWAY 98 EAST					Street Address (P.O. Box Number is Not Acceptable)				
	SUITE A DESTIN, FL 32541									
							-	FL	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, Nybed or printed name of registered agent and life if applicable.   DATE      In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the										
	Due by September 6, 2006 prior notice.									
12.	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIS NOTE: General Partners MAY NOT be changed on the form; an amendment of the second sec						to change a ge	eneral partne	er.	
DOCUMENT					ORESS	···	ADDRESS CHA	ANGES ONLY		
NAME STREET ADD	RESS 4458 O	L. WALLACE LIMITED P CEAN VIEW DRIVE I, FL 32541	ARTNERSHIP	CITY-ST-Z						
DOCUMENT	UMBNT #				ORESS	09/14.	10079 1060104	8250	98	
1	eet address Y-ST-ZIP				(IP	<u> </u>	<u> </u>	<u> </u>	YYSUB, UK.	
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NAME				STREET ADI	ORESS					
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CITY-ST-ZI			CITY-ST-Z	TIP	, , , , , , , , , , , , , , , , , , ,					
14. I her indic or th	reby certify that cated on this rep se receiver or tru	the information supplied wit port is true and accurate and istee empowered to execute	n this filing does not qualify for that my signature shall have the this report as required by Chap	the exemple same legater 620, Flo	otions containe pal effect as if m orida Statutes	d in Chapter 119, nade under oath; t	hat I am a Genera	al Partner of the	that the information elimited partnership	
SIGN	SIGNATURE: JOSGMATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Dato Dato Daylime Phone #									
	Verry Wallace									