2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

DOCUMENT # A05000001049 SECRETARY OF STATE DIVISION OF CORPORATIONS WALLACETOWN LAND COMPANY LLLP 06 SEP -6 AM 10: 45 Mailing Address Principal Place of Business 4458 OCEAN VIEW DRIVE 4458 OCEAN VIEW DRIVE DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07202006 Chg-LP CR2E003 (11/05) 4. FEI Number Applied For City & State City & State Not Applicable Zip 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 Name DOWD, JOHN R JR. Street Address (P.O. Box Number is Not Acceptable) 285 HIGHWAY 98 EAST SUITE A DESTIN, FL 32541 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. DATE In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006 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. A05000000380 DOCUMENT # STREET ADDRESS JERRY L. WALLACE LIMITED PARTNERSHIP NAME STREET ADDRESS 4458 OCEAN VIEW DRIVE CITY-ST-ZIP **DESTIN, FL 32541** CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 100079825221 09/14/08--01041--006 **500.00 DOCUMENT # 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 ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS 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:

VALIACE