2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DONALD M. MCNAMARA

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A05000001273** 06 MAR 27 AM 11: 14 1. Entity Name D.M. MCNAMARA ENTERPRISES, LTD. Principal Place of Business Mailing Address 150 MAGNOLIA AVENUE 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262006 CR2E003 (11/05) Chg-LP Applied For City & State City & State 4. FELNumber *~o-307073*2 Not Applicable Zìp Country 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 PALMETTO CHARTER SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114 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 title if applicable. 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. L05000061264 DOCUMENT # STREET ADDRESS NAME D.M. MCNAMARA PROPERTIES, LLC STREET ADDRESS 150 MAGNOLIA AVENUE CiTY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH, FL 32114 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 900069337389 CITY-ST-ZIP 04/10/06--01042--007 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-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST.ZU 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 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 trusted empowered to execute this report as required by Chapter 620, Florida Statutes