2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

FILED DOCUMENT # A0500001406 2007 APR 23 AM 11: 02 THE BENTLEY AT COBB'S LANDING INVESTORS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 101 EAST KENNEDY BOULEVARD, SUITE 3300 101 EAST KENNEDY BOULEVARD, SUITE 3300 TAMPA, FL 33602 TAMPA, FL 33602 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-LP CR2E003 (12/06) City & State City & State Applied For 4. FEI Number APPLIED FOR Not Applicable Zip 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 Name MCDONOUGH, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable DATE 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 ADDRESS CHANGES ONLY .12 _. DOCUMENT # L05000060218 STREET ADDRESS THE BENTLEY AT COBB'S LANDING PARTNERS LLC NAME STREET ADDRESS 101 EAST KENNEDY BOULEVARD, SUITE 3300 CITY-ST-ZIP CITY-ST-7IP TAMPA, FL 33602 DOCUMENT # NAME STREET ADDRESS CITY ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT 6 STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SI-ZIP

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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 trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Days Company | 1/6/5 | 813.318.944

CITY-ST-7IP

813.318.944