2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

B. Deeb.

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCÚMENT # A0500001499 06 MAR 27 AM 9: 56 ROWAN OFFICES, LTD. Principal Place of Business Mailing Address 9020 RANCHO DEL RIO DRIVE, SUITE 125 9020 RANCHO DEL RIO DRIVE, SUITE 125 **NEW PORT RICHEY, FL 34655** NEW PORT RICHEY, FL 34655 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01252006 Chg-LP CR2E003 (11/05) City & State City & State Applied For 4. FEI Number 327**27**27 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEEB, ALEX R 9020 RANCHO DEL RIO DRIVE, SUITE 125 Street Address (P.O. Box Number is Not Acceptable) NEW PORT RICHEY, FL 34655 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. 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 ADDRESS CHANGES ONLY 12. 13. P05000045224 DOCUMENT # STREET ADDRESS NAME JHDF, INC. STREET ADDRESS 9020 RANCHO DEL RIO DRIVE, SUITE 125 CITY-ST-ZIP CITY-ST-7IP NEW PORT RICHEY, FL 34655 DOCUMENT # STREET ADDRESS NAME 100069948661 STREET ADDRESS CITY-ST-ZIP 04/10/06--01050--025 **508.75 CITY-ST-ZIF 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 4 CHECK STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-Si-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 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 ATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED