2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

HERE

STAPLE CHECK

SIGNATURE:

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED **DOCUMENT # A05000001609** 06 JUN 13 PH 12: 27 703/HARBOR, LLLP SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE FLORIDA 423 41ST STREET BOULEVARD EAST 423 41ST STREET BOULEVARD EAST FALMETTO, FL 34221 PALMETTO, FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06022006 CR2E003 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent E & J INVESTMENTS, LLC Street Address (P.O. Box Number is Not Acceptable) 423 41ST STREET BOULEVARD EAST PALMETTO, FL 34221 City Zip Code FL 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 \$900.00 On or after September 6, 2006, Fee will be \$1000.00 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 DOCUMENT # L05000078364 STREET ADDRESS E & J INVESTMENTS, LLC NAME STREET ADDRESS 423 41ST STREET BOULEVARD EAST CITY-ST-ZIP 400076253004 06/16/06--01016--011 ***900.00 CITY+ST-ZIP PALMETTO, FL 34221 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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