2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SIGNATURE:

Вy

A lex

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL-PARTNER

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A05000001891** 1. Entity Name 06 APR -7 AM 8: 23 RIDGEWOOD OF SPRING HILL, LTD. Principal Place of Business Mailing Address 9020 RANCHO DEL RIO DRIVE STE 125 9020 RANCHO DEL RIO DRIVE STE 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 4. FEI Number Applied For 20 ~36030 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 DEEB. ALEX R Street Address (P.O. Box Number is Not Acceptable) 9020 RANCHO DEL RIO DRIVE STE 125 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 Fiorida. 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 P02000060686 DOCUMENT # STREET ADDRESS NAME COOPER HOMES GROUP, INC. STREET ADDRESS **5223 HUNTERS RIDGE DRIVE** CITY-ST-ZIP CITY-ST-ZIF NEW PORT RICHEY, FL 34655 500070461679 04/14/06--01052--010 ***5 DOCUMENT # P05000045224 STREET ADDRESS JHDF, INC. NAME STREET ADDRESS 9020 RANCHO DEL RIO DRIVE STE 125 CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY, FL 34655 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 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

President