2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT #A05000001995** 1. Entity Name 06 MAR 27 AH 10: 45 RM AT INDIAN OFFICE, LLLP Principal Place of Business Mailing Address 3325 S UNIVERSITY DRIVE 3325 S UNIVERSITY DRIVE 210 210 DAVIE, FL 33328 **DAVIE, FL 33328** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202006 Chg-LP CR2E003 (11/05) City & State City & State 4 FFI Number Applied For 20-3726039 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 ROSS REALTY INVESTMENTS INC Street Address (P.O. Box Number is Not Acceptable) 3325 S UNIVERSITY DRIVE 210 **DAVIE, FL 33328** 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 12. ADDRESS CHANGES ONLY L05000106951 DOCUMENT # STREET ADDRESS RM AT INDIAN OFFICE GP, LLC NAME STREET ADDRESS 3325 S UNIVERSITY DRIVE SUITE 210 CITY-ST-ZIP CITY-ST-ZIP **DAVIE, FL 33328** DOCUMENT # STREET ADDRESS NAME 700069946887 04/10/06--01050--002 **\$00.00 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 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 3-10-06

Daytime Phone #