2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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FILED DOCUMENT # A05000002004 2007 APR 30 AM 10: 22 HOWEY IN THE HILLS, LTD. SECRETARY OF STATE TALLAHASSEE. FLORIDA Mailing Address Principal Place of Business 10165 NW 19TH STREET 10165 NW 19TH STREET MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03262007 Chg-LP CR2E003 (12/06) 4. FEI Number 20 - 3719140 City & State Applied For City & State Not Applicable Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Edward J. Easton CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) **1201 HAYS ST** TALLAHASSEE, FL 32301 Zip Code ろろしうと Miami 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. Edward J. Easton 419104 Skanature, typed or printed of registered agent and title if applicable 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. 13. L05000104883 DOCUMENT ! STREET ADDRESS HOWEY IN THE HILLS, LLC NAME 10165 NW 19TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P MIAMI, FL 33172 DOCUMENT # STREET ADDRESS NAME 200101852602 /08/07--01040--005 **\$ STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS 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