




**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |  |                                                                                                                                  |                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # A05000002170</b><br>1. Entity Name<br><b>SAVANNAH 95 LTD</b>                                                                                                                                                                                                                                                                                                                                                                                                              |                                |  |                                                                                                                                  |  |  |
| Principal Place of Business<br><b>545 DELANEY AVENUE<br/>         BUILDING 7<br/>         ORLANDO, FL 32801 US</b>                                                                                                                                                                                                                                                                                                                                                                      |                                |  | Mailing Address<br><b>545 DELANEY AVENUE<br/>         BUILDING 7<br/>         ORLANDO, FL 32801 US</b>                           |                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                    |                                |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                         |                                                                                   |  |
| 4. FEI Number<br><b>20-4128976</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                           |                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |  | <b>\$8.75</b> Additional Fee Required                                                                                            |                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><b>URBAN &amp; THIER, P.A.<br/>         545 DELANEY AVENUE<br/>         BUILDING 7<br/>         ORLANDO, FL 32801</b>                                                                                                                                                                                                                                                                                                                |                                |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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  <b>Carl-Christian Thier</b><br><small>Signature, typed or printed name of registered agent and file if applicable.</small>                                                                                                                                                                                                                                                                |                                |  | DATE<br><b>03/14/2006</b>                                                                                                        |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$500.00</b><br><b>After May 1, 2006, Fee will be \$900.00</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                                |  |                                                                                                                                  |                                                                                   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>                                                                                                                                                                                                                                                             |                                |  |                                                                                                                                  |                                                                                   |  |
| <b>12. GENERAL PARTNER INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |  | <b>13. ADDRESS CHANGES ONLY</b>                                                                                                  |                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | P03000107819                   |  | STREET ADDRESS                                                                                                                   |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | JUPITER USA, INC.              |  | CITY-ST-ZIP                                                                                                                      |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 545 DELANEY AVENUE, BUILDING 7 |  | STREET ADDRESS                                                                                                                   |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ORLANDO, FL 32801              |  | CITY-ST-ZIP                                                                                                                      |                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |  | STREET ADDRESS                                                                                                                   |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |  | CITY-ST-ZIP                                                                                                                      |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |  | STREET ADDRESS                                                                                                                   |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |  | CITY-ST-ZIP                                                                                                                      |                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |  | STREET ADDRESS                                                                                                                   |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |  | CITY-ST-ZIP                                                                                                                      |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |  | STREET ADDRESS                                                                                                                   |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |  | CITY-ST-ZIP                                                                                                                      |                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |  | STREET ADDRESS                                                                                                                   |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |  | CITY-ST-ZIP                                                                                                                      |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |  | STREET ADDRESS                                                                                                                   |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |  | CITY-ST-ZIP                                                                                                                      |                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |  | STREET ADDRESS                                                                                                                   |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |  | CITY-ST-ZIP                                                                                                                      |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |  | STREET ADDRESS                                                                                                                   |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |  | CITY-ST-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. |                                |  |                                                                                                                                  |                                                                                   |  |
| SIGNATURE:  <b>Carl-Christian Thier</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>                                                                                                                                                                                                                                                                             |                                |  | DATE: <b>03/14/2006</b>                                                                                                          |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |  | DAYTIME PHONE: <b>(407) 245 8360</b>                                                                                             |                                                                                   |  |



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