

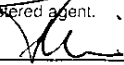



**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

|  |                                |   |         |  |                                  |  |  |  |  |
|--|--------------------------------|---|---------|--|----------------------------------|--|--|--|--|
| <b>DOCUMENT # A05000002170</b><br>1. Entity Name<br><b>SAVANNAH 95 LTD</b>   |                                |   |         |   |                                  | <b>FILED</b><br><b>07 MAY 18 AM 9:42</b><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |  |  |  |
| Principal Place of Business<br><b>200 S. ORANGE AVE., SUITE 2025</b><br><b>ORLANDO, FL 32801 US</b>  |                                |   |         | Mailing Address<br><b>200 S. ORANGE AVE., SUITE 2025</b><br><b>ORLANDO, FL 32801 US</b>  |                                  |  |  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |                                | 3. Mailing Address<br>Suite, Apt. #, etc. |         |    |                                  |  |  |  |  |
| City & State   |                                | City & State                              |         | 4. FEI Number<br><b>20-4128976</b>   |                                  | Applied For<br>Not Applicable  |  |  |  |
| Zip  | Country                        | Zip                                       | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required  |                                  | 02022007 Chg-LP CR2E003 (12/06)  |  |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><b>URBAN &amp; THIER, P.A.</b><br><b>545 DELANEY AVENUE</b><br><b>BUILDING 7</b><br><b>ORLANDO, FL 32801</b>   |                                |   |         | <b>7. Name and Address of New Registered Agent</b><br>Name<br><b>Urban &amp; Thier, P.A.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>200 S. Orange Avenue, Suite 2025</b><br>City<br><b>Orlando</b> <b>FL</b> Zip Code<br><b>32801</b> |                                  |  |  |  |  |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |                                |   |         | DATE<br><b>05/01/07</b>  |                                  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$500.00</b><br><b>After May 1, 2007, 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 #   | P03000107619                   |   |         | STREET ADDRESS   | 200 S. Orange Avenue, Suite 2025 |  |  |  |  |
| NAME   | JUPITER USA, INC.              |   |         | CITY-ST-ZIP  | Orlando, FL 32801                |  |  |  |  |
| STREET ADDRESS   | 545 DELANEY AVENUE, BUILDING 7 |   |         |  |                                  |  |  |  |  |
| CITY-ST-ZIP  | ORLANDO, FL 32801              |   |         |  |                                  |  |  |  |  |
| DOCUMENT #   |                                |   |         | STREET ADDRESS   | <del>200103608552</del>          |  |  |  |  |
| NAME   |                                |   |         | CITY-ST-ZIP  | 05/31/07--01027--014 **500.00    |  |  |  |  |
| STREET ADDRESS   |                                |   |         |  |                                  |  |  |  |  |
| CITY-ST-ZIP  |                                |   |         |  |                                  |  |  |  |  |
| DOCUMENT #   |                                |   |         | STREET ADDRESS   |                                  |  |  |  |  |
| NAME   |                                |   |         | CITY-ST-ZIP  |                                  |  |  |  |  |
| STREET ADDRESS   |                                |   |         |  |                                  |  |  |  |  |
| CITY-ST-ZIP  |                                |   |         |  |                                  |  |  |  |  |
| DOCUMENT #   |                                |   |         | STREET ADDRESS   |                                  |  |  |  |  |
| NAME   |                                |   |         | CITY-ST-ZIP  |                                  |  |  |  |  |
| STREET ADDRESS   |                                |   |         |  |                                  |  |  |  |  |
| CITY-ST-ZIP  |                                |   |         |  |                                  |  |  |  |  |
| DOCUMENT #   |                                |   |         | STREET ADDRESS   |                                  |  |  |  |  |
| NAME   |                                |   |         | CITY-ST-ZIP  |                                  |  |  |  |  |
| STREET ADDRESS   |                                |   |         |  |                                  |  |  |  |  |
| 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>  |                                |   |         | DATE<br><b>05/01/07</b>  |                                  |  |  | DAYTIME PHONE #<br><b>407-245-8360</b> |  |

STAPLE CHECK HERE