2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

## FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT #A05000002218 JERRY WALLACE DEVELOPMENTS LLLP 06 SEP -6 AM 10: 47 Principal Place of Business Mailing Address 4458 OCEAN VIEW DRIVE P.O. BOX 7039 DESTIN, FL 32541 DESTIN, FL 32540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07202006 CR2E003 (11/05) Chg-LP City & State City & State 4. FEI Number Applied For 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 DOWD, JOHN R JR. Street Address (P.O. Box Number is Not Acceptable) 285 HARBOR BLVD. SUITE A DESTIN, FL 32541 City Zio 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 In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006 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 13. A05000001083 DOCUMENT # STREET ADDRESS NAME THE JERRY WALLACE COMPANIES, LLLP STREET ADDRESS 4458 OCEAN VIEW DRIVE CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP DOCUMENT # L02000027234 STREET ADDRESS JERRY WALLACE DEALMAKERS, LLC NAME 100079825301 09/14/06--01041--008 \*\*5 STREET ADDRESS 4458 OCEAN VIEW DRIVE CITY-ST-ZIP City-St-ZIP DESTINE, FL 32541 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHTY-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-7IP DOCUMENT # STREET ADDRESS NAME 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 emproyered to execute that report as required by Chapter 620, Florida Statutes SIGNATURE:

Allace