2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SIGNATURE:

Feb 23, 2006 08:00 AM Secretary of State **DOCUMENT # A05974** HILLSBOROUGH ASSOCIATES, LTD Principal Place of Business Mailing Address % JAMES W. BRYAN 16800 SW 82 AVENUE 6550 N FEDERAL HWY STE 240 MIAMI, FL 33157 FORT LAUDERDALE, FL 33308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01102008 Chg-LP CR2E003 (11/05) City & State Applied For Cny & State 4. FEI Number 65-0197777 Not Applicable \$8.75 Additional Country Zio Country 6. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent BRYAN, JAMES W Street Address (P.O. Box Number is Not Acceptable) 6550 N. FEDERAL HWY., #240 FT. LAUDERDALE, FL 33308 Zip Code City 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 famillar with, and accept the obligations of registered agent. SIGNATURE luve, typed or printed name of registered agent and little if applicable 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 ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS FRIEDMAN, JAMES NAME STREET ADDRESS 16800 SW 82 AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33157 03/07/06-80025-003 500.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS COY-ST-ZIP CITY-ST-ZIP DOCUMENT ! STREET ADDRESS NAME STREET ADDRESS City - St- Zip C574-ST-Z39 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CATY-SY-71P CITY-ST-ZIP OCCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 14. I hereby certify that the information supplied with this filting 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

HIGHATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

FILED