2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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FILED **DOCUMENT # A06000000445** 2007 APR -5 AM 9: 38 HOLLAND DRIVE INDUSTRIAL PARK, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business % JAMIE A. DANBURG/DANBURG MGMT CORP. % JAMIE A. DANBURG/DANBURG MGMT CORP. 7700 CONGRESS AVE., SUITE 3100 7700 CONGRESS AVE., SUITE 3100 BOCA RATON, FL 33487 BOCA RATON, FL 33487 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02192007 Chg-LP CR2E003 (12/06) City & State City & State 4 FEI Number Applied For 20-*4578948* Not Applicable 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 FELUREN, MARK S Street Address (P.O. Box Number is Not Acceptable) 2200 NORTH COMMERCE PARKWAY, SUITE 202 WESTON, FL 33326 City 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, typed or printed name of registered agent and title if applicable DATE 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 13. 12. P06000044894 DOCUMENT # STREET ADDRESS NAME HOLLAND DRIVE INDUSTRIAL, INC. STREET ADDRESS 7700 CONGRESS AVENUE, SUITE 3100 CITY-ST-71P CITY-ST-ZIP BOCA RATON, FL 33487 200096509022 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 OOCUMENT # STREET ADDRESS NAME 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 the atting does not quarkly 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 rev signature shall have be 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 paper as required by Chapter 620, Florida Statutes Jamie A. Dombry 3/19/27 561. 897. 5777 SIGNATURE: