2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED DOCUMENT # A09704 06 MAY -1 AN 8: 45 1. Entity Name PEPPER RIDGE ONE, LTD. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 500 S. FLORIDA AVE., #700 P.O. BOX 5252 LAKELAND, FL 33807-5252 LAKELAND, FL 33801 01122006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2059856 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCFARLANE, PETER A. ESQ DO NOT WRITE 500 S. FLORIDA AVE., #715 LAKELAND, FL 33801 IN THIS SPACE 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 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 12. DOCUMENT # LAKE HENRY DEVELOPMENT, NAME STREET ADDRESS 500 S. FLORIDA AVE., #700 CITY-ST-ZIP LAKELAND, FL 33801 300075014943 05/22/06--01013--027 **508.75 DOCUMENT # NAME STREET ADORESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 AND TYPE OF PRINTED NAME OF SIGNING GENERAL PARTNER

CITY-ST-ZIP DOC! MENT NAME STITEET ADDRESS CITY-ST-ZIP