2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2006 Jan 18, 2006 08:00 AM DOCUMENT # A10545 **Secretary of State** 1. Entity Name REALTY LEASING PARTNERSHIP, LTD. Mailing Address Principal Place of Business 121 ALHAMBRA PLAZA, PH I, SUITE 1600 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 01052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2180442 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RENTZ, R. LARRY DO NOT WRITE 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134 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 acceptance of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. 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 GENERAL PARTNER INFORMATION

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. DOCUMENT # P16775 HAMMOND VENTURE, INC. STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600 U00000390306 CITY-ST-ZIP CORAL GABLES, FL 33134 01/23/06-80021-016 500.00 OCCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # MAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

14. (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: 公分~~

CITY-ST-ZIP

LYMAN MARTYN SEC HAMMONDUENTUREINC 16/06 305-4431000

Applied For

Not Applicat

\$8.75 Additional

Fee Required